

PERA Membership

Instructions: Please print or type in dark ink. This form must be completed in its entirety and submitted to PERA via regular mail, fax, or e-mail to noreply.records@state.nm.us for processing.

Section 1

Information About You

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Social Security Number or PERA ID	Name (First, Middle Initial, Last)

Date of Birth (mm/dd/yyyy)	City of Birth	State of Birth

Phone Number	E-mail Address

Mailing Address	City	State	Zip Code

Marital Status: Never Married Married Divorced Widowed

Have you ever been a PERA Member? Yes No Are you currently receiving a PERA pension? Yes* No

*If yes, please contact PERA before beginning employment. Refer to Re-Employed Retiree Form.

Have you ever been an ERB Member? Yes No Are you currently receiving an ERB pension? Yes* No

*If yes, complete an Exclusion from PERA membership form.

Spouse's Name, SSN, and Date of Birth (mm/dd/yyyy)

Children's Name(s), SSN(s), and Date of Birth(s) (mm/dd/yyyy)

Section 2

Your Certification

I hereby declare that the above information is true and complete to the best of my knowledge.

Signature of Employee	Date (mm/dd/yyyy)

Remember to send corrections to PERA if any of the above information changes. Annual member statements and PERA election ballots are mailed to the most recent address PERA has on file for you. It is your responsibility to keep your information current.

Section 3

Your Current Employment Information (To be completed by Employer)

h) retain a copy of the completed application for your files and provide a copy to h-k PERA's

Name of Employer	PERA Employer #	PERA Plan

Date of Hire yy	h more than <input type="checkbox"/> <input type="checkbox"/> V

Section 4

Your Employer Certification (To be completed by Employer)

Authorized Employer* Printed Name	Title	Email Address	Phone

Signature of Authorized Employer*	Date (mm/dd/yyyy)

*HR Manager, Payroll Manager or Finance Manager