

# Application for a PERA Retiree Judicial or Magistrate Judge

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA via regular mail, fax, or e-mail to [noreply.records@pera.nm.gov](mailto:noreply.records@pera.nm.gov) for processing.

## Section 1

### Information About You

Social Security Number or PERA ID		Name (First, Middle Initial, Last)			
Date of Birth	Phone Number	Email Address			
Mailing Address		City	State	Zip Code	
Retirement Date	Male		Female		
Gender					

## Section 2

### Your Acknowledgment

I \_\_\_\_\_, acknowledge the mandatory membership requirement of the Judicial Retirement Act, NMSA 1978, Section 10-12(B)-4 (2014), or the Magistrate Retirement Act, NMSA 1978, Section 10-12(C)-4 (2014), as applicable, which requires that every judge, justice or magistrate become a member while in office. I understand that as a judge, justice or magistrate who is retired under any state retirement system, I shall:

- A. Pay the applicable member contributions, and the state, through the member's court, shall pay the applicable employer contributions as provided pursuant to the Judicial Retirement Act or the Magistrate Retirement Act; and
- B. Not accrue service credit, and shall not be eligible to purchase service credit or be eligible to retire under the provisions of the Judicial Retirement Act and the Magistrate Retirement Act.

I also understand that while employed as a judge, justice or magistrate, my PERA Cost-of-Living Adjustment will be suspended pursuant to NMSA 1978, Section 10-11-8(H) (2014).

Signature of PERA Retiree	Date
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## Section 3

### Your Current Employment Information \*Completed by Employer

Please copy the completed application for your employer file and for the employee. Submit to PERA this completed form with the refund portion of the Beneficiary Designation Form to PERA immediately upon employment.

Name of Employer	PERA Employer Code	Salaried Employees Only \$	
All Other Employees, Hourly Rate \$	Date Employed	Current Position	Retirement Plan

## Section 4

### Your Employer Certification \*Completed by Employer

I certify that the above employee is employed by this PERA affiliate as of the above date.

Business Phone Number	Email Address
Employer Authorized Signature	Employer Title
	Date