



PERA

Public Employees
Retirement Association
of New Mexico

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**MEMBER ENROLLMENT FOR
STATE LEGISLATOR MEMBER COVERAGE PLAN 2 FORM**

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in ***BOLD ITALICS***

MEMBER INFORMATION PLEASE PRINT OR TYPE CLEARLY

SOCIAL SECURITY NUMBER or PERA ID NUMBER

FIRST NAME ***MI*** ***LAST NAME***

MAILING ADDRESS ***HOME or CELL TELEPHONE NO.***
BUSINESS TELEPHONE NO.

CITY ***STATE*** ***ZIP*** ***GENDER*** MALE FEMALE

DATE OF BIRTH ***CITY OF BIRTH*** ***STATE OF BIRTH***

CURRENT MARITAL STATUS NEVER BEEN MARRIED MARRIED DIVORCED WIDOWED

HAVE YOU EVER BEEN A PERA MEMBER? YES NO ***EMAIL ADDRESS***

ARE YOU OR HAVE YOU BEEN A MEMBER OF ERA? YES NO
ARE YOU RECEIVING A PENSION FROM ERA? YES NO

PLAN INFORMATION

APPLICABILITY
To be covered under State Legislator Member Coverage Plan 2, a state legislator or lieutenant governor must elect to be a member no later than 180 calendar days after first taking office.

SERVICE REQUIREMENTS
Under State Legislator Member Coverage Plan 2, the age and service requirements for normal retirement are:
A. age 65 years or older with 5 or more years of credited service; or
B. any age with 10 or more years of credited service.

CONTRIBUTION RATE
A member under State Legislator Member Coverage Plan 2 shall contribute \$600 for each year of credited service.

PENSION CALCULATION
The annual pension under State Legislator Member Coverage Plan 2 is equal in any calendar year to 11% of the per diem rate in effect, pursuant to Section 2-1-8, NMSA 1978, on the first day of the calendar year that the legislator or lieutenant governor retires multiplied by 60 and further is multiplied by credited service as a legislator or lieutenant governor.

ENROLLMENT

_____ Yes, I want to be enrolled in State Legislator Member Coverage Plan 2.

SIGNATURE OF LEGISLATOR ***DATE***