

Application for Exclusion from PERA Membership for Elected Official

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

 Female

 Male

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

Date of Birth	City of Birth	State of Birth

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Phone Number	Would you like to receive correspondence by E-mail? If so, include E-mail address

Mailing Address	City	State	Zip Code

Marital Status: Never Married Married Widowed Divorced

I was elected to the following office; _____,
which term is to be from _____ through _____, with the below named employer. I
hereby apply for exclusion from membership in the Public Employees Retirement Association of New Mexico in accordance with
NMSA 1978, Section 10-11-3(B)(2004) which provides for exclusion from PERA membership for:

"...elected officials who file with the association a written application for exemption from membership within
twenty-four (24) months of taking office."

Section 2

Elected Official Certification

I understand that I may at any time withdraw this exclusion and become a PERA member by filing an Application for PERA Membership form, but that the excluded service as an elected official will not be considered as credited service for retirement purposes. **I also understand that I may not receive a refund of my member contributions until the term of office is completed or until I resign my elected official position.**

Signature of Elected Official	Date

Section 3

Your Current Employment Information (To be completed by Employer)

Name of Employer	PERA Employer Number	PERA Plan

Current Position	Date of Hire (mm/dd/ccyy)	Date of Termination (mm/dd/ccyy)

Section 4

Your Employer Certification (To be completed by Employer)

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Authorized Employer* Printed Name	Title	Email Address	Phone

Signature of Authorized Employer*	Date