



Application for Employee Exclusion from PERA Membership Private Retirement Program

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0370 fax
www.nmpera.org

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 Your Employer

Name of Employer		PERA Plan	
PERA Employer Number		Date of Hire	
Employer Mailing Address	City	State	Zip Code

Section 2

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	
Phone Number	Would you like to receive correspondence by E-mail? If so, include E-mail address		
Mailing Address	City	State	Zip Code

I _____, an employee of _____ hereby apply for exemption from membership in the Public Employees Retirement Association of New Mexico in accordance with NMSA 1978, Section 10-11-3(B)(5) (2009) which provides for exclusion from PERA membership for:

"employees of an affiliated public employer that is making contributions to a private retirement program on behalf of the employee as part of a compensation arrangement who file with the association a written application for exemption within thirty (30) calendar days of employment, unless the employee has previously retired under the provisions of the Public Employees Retirement Act [Chapter 10 Article 11 NMSA 1978]"

The employee shall also submit documentation of the private retirement program's qualified tax status.

I understand that I may at any time withdraw this exclusion and become a PERA member by filing an Application for PERA Membership, but this excluded service will not be considered as credited service for retirement purposes.

Signature of Employee	Date
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Section 3

Information About Your Notary *Employee's Signature must be witnessed by notary

State of New Mexico)
) SS:
County of _____)

Subscribed and sworn to (or affirmed) before me by _____

on this _____ day of _____, _____.

My Commission Expires _____ Notary Public Telephone Number _____ - _____ - _____

Signature of Notary _____