

# Application for Employee Exclusion from PERA Membership Private Retirement Program

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](mailto: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	
(    )	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

## 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 \_\_\_\_\_