



**PERA**

Public Employees  
Retirement Association  
of New Mexico

33 Plaza La Prensa, Santa Fe, NM 87507  
(505) 542-6220 Voice (505) 954-0370 Fax  
(866) 678-0670 Toll-Free  
www.nmpera.org

# Employer Certification Form

## SECTION I

MEMBER NAME: \_\_\_\_\_ SSN: xxx-xx-PERA ID#

EMPLOYER NAME: \_\_\_\_\_

PERA Employer No : \_\_\_\_\_ Benefit Type : Normal

has applied with **PERA** for a **RETIREMENT ANNUITY**. Please complete and return this employer certification to PERA immediately in order for a retirement processing to continue. Instructions for the completion of the form are attached.

## SECTION II

I certify that member \_\_\_\_\_ terminated employment on \_\_\_\_\_, and that the **STATEMENT OF HOURS, EARNINGS AND CONTRIBUTIONS** is true and correct.

AUTHORIZED SIGNATURE & TITLE

DATE

TELEPHONE NO.

## SECTION III

### STATEMENT OF HOURS, EARNINGS AND CONTRIBUTIONS

Certify total hours ,PERA wages and member contributions for the entire last month of employment below, unless otherwise specified:

	DATE	HOURS	GROSS WAGES	MEMBER CONTRIBUTIONS
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
<b>MONTHLY TOTALS</b>		_____	\$ _____	\$ _____
<b>MONTHLY SALARY \$</b>	_____		<b>HOURLY SALARY \$</b>	_____

**NOTES:**

**PERA EMPLOYER CERTIFICATION (continued)**

**USE THIS AREA BELOW IF NEEDED AND ATTACH TO THE FIRST PAGE**

<b>MEMBER NAME:</b>		<b>SSN:</b>		
---------------------	--	-------------	--	--

**SECTION III (continued)**

**STATEMENT OF HOURS, EARNINGS AND CONTRIBUTIONS**

Certify total hours, PERA gross wages and member contributions below, unless otherwise specified:

	DATE		HOURS		GROSS WAGES		MEMBER CONTRIBUTIONS
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
<b>MONTHLY TOTALS</b>			_____	\$	_____	\$	_____

	DATE		HOURS		GROSS WAGES		MEMBER CONTRIBUTIONS
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
<b>MONTHLY TOTALS</b>			_____	\$	_____	\$	_____

	DATE		HOURS		GROSS WAGES		MEMBER CONTRIBUTIONS
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
	TO	_____	_____	\$	_____	\$	_____
<b>MONTHLY TOTALS</b>			_____	\$	_____	\$	_____

**PERA EMPLOYER CERTIFICATION (continued)**

**USE THIS AREA BELOW IF NEEDED AND ATTACH TO THE FIRST PAGE**

<b>MEMBER NAME:</b>		<b>SSN:</b>		
---------------------	--	-------------	--	--

**SECTION III (continued)**

**STATEMENT OF HOURS, EARNINGS AND CONTRIBUTIONS**

Certify total hours, PERA gross wages and member contributions below, unless otherwise specified:

	DATE	HOURS	GROSS WAGES	MEMBER CONTRIBUTIONS
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
<b>MONTHLY TOTALS</b>		_____	\$ _____	\$ _____

	DATE	HOURS	GROSS WAGES	MEMBER CONTRIBUTIONS
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
<b>MONTHLY TOTALS</b>		_____	\$ _____	\$ _____

	DATE	HOURS	GROSS WAGES	MEMBER CONTRIBUTIONS
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
	TO _____	_____	\$ _____	\$ _____
<b>MONTHLY TOTALS</b>		_____	\$ _____	\$ _____

**SECTION IV**

If the above employee is on leave without pay, injury time or workers compensation, please indicate the member's current status and specify the date this action was taken.

**Status:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

## INSTRUCTIONS FOR THE EMPLOYER CERTIFICATION

PERA will provide a list of individuals who have applied for a monthly annuity prior to their effective date of retirement. **Retirement and warrant processing cannot continue for any applicant if the Employer Certification is not received by PERA.** Carefully follow all the instructions below.

Upon completion of the certification, return the certification to PERA to ensure timely processing:

PERA Member Services  
33 Plaza La Prensa  
Santa Fe, NM 87507  
(505) 542-6220 or (866) 678-0670 FAX (505) 954-0370

Please direct any questions concerning the Employer Certification to PERA Member Services at the address and telephone number(s) above and photocopy the certification if additional copies are needed.

**SECTION I** - PERA will provide the name and social security number of the member applying for an annuity.

**SECTION II** - Certify the member's termination date the statement of Hours, Earnings and Contributions by signing in the designated area, and be sure to include title, date and telephone number. Staff members that are authorized to verify payroll information must sign the certification.

### **SECTION III - Statements of Hours, Earnings and Contributions**

This section must be completed for the entire last month of the member's employment, unless otherwise specified.

**DATE:** Enter the beginning and end date for which hours, wages and contributions are reported.

**HOURS:** Enter the hours paid for the respective dates reported.

**GROSS WAGES:** Enter the gross wages paid to the member, which are subject to PERA contributions for the respective dates reported. **Do not include lump sum payments for unused annual or sick leave or other exempt payments as defined in NMSA 1978, Section 10-11-2(u)(1995) and PERA Rule 2.80.100.7(N) NMAC.**

**MEMBER CONTRIBUTIONS:** Enter only PERA member contributions for the gross wages reported.

**MONTH TOTALS:** Add up the hours, gross wages, and member contributions for the month and enter the totals on the designated lines.

This must equal payments remitted and the amounts reported to PERA on the member's behalf.

**MONTHLY SALARY:** Enter the monthly salary the member was earning upon termination.

**HOURLY SALARY:** Enter the hourly salary the member was earning upon termination.

**SECTION IV-** Complete this section if the member is currently on leave without pay, injury time or worker's compensation, PERA will indicate when this information must be provided.