

Member Enrollment for State Legislator Member Coverage Plan 2

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA via regular mail, fax, or e-mail to noreply.records@pera.nm.gov for processing.

Section 1

Information About You

Social Security Number or PERA ID	Name (First, Middle Initial, Last)
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<input type="checkbox"/> Male <input type="checkbox"/> Female	()	Would you like direct correspondence by E-mail? If so, include E-mail Address
Gender	Phone Number	

Mailing Address	City	State	Zip Code
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Date of Birth (dd/mm/ccyy)	City of Birth	State of Birth
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Current Marital Status: Never Married Married Widowed Divorced*

*Note: PERA requires the review of **ALL** court-endorsed divorce documentation. If your divorce was prior to PERA membership, please submit a copy of the first page of your Final Divorce Decree ONLY. If you remarried PRIOR TO PERA membership and are still married to the same person no divorce decrees are required.

Have you ever been a PERA Member? Yes No

Are you or have you been an ERA/ERB Member? Yes No

Are you receiving a pension from ERA/ERB? Yes No

Section 4

Information About Your Plan

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:
 - age 65 years or older with 5 or more years of credited service; or
 - 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.

Section 6

Your Enrollment

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

Signature of State Legislator	Date
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