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APPLICATION FOR A RE-EMPLOYED PERA RETIREE FORM

MEMBER INFORMATION - PRINT CLEARLY		<i>PERA ID or SSN:</i>	
<i>FIRST NAME</i>		<i>MI</i>	<i>LAST NAME</i>
<i>MARITAL STATUS</i> <input type="checkbox"/> NEVER BEEN MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
<i>MAILING ADDRESS</i>		<i>HOME or CELL TELEPHONE NO.</i>	
		<i>EMAIL ADDRESS</i>	
<i>CITY</i>		<i>STATE</i>	<i>ZIP</i>
<i>DATE OF BIRTH</i>		<i>GENDER</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ORIGINAL RETIREMENT DATE			
RE-EMPLOYED RETIREE CONTRIBUTION OPTION			
<p>At the time I am re-employed by a PERA employer, my Pension will be suspended by law and:</p> <p>Elect <u>TO</u> contribute to PERA, earn service credit, and I understand I must reapply for retirement, my pension benefit will be recalculated and a new COLA eligibility period will start.</p> <p>Elect <u>NOT</u> to contribute to PERA, <u>NOT</u> earn service credit, and <u>NOT</u> have my pension benefit recalculated.</p> <p><i>*Please see below requirements prior to selecting this option.</i></p> <p><i>*I certify that I <u>have not</u> been employed by a PERA affiliated employer or retained as an independent contractor with the employer I retired from during the 12-consecutive month break in service after my retirement date.</i></p>			
SIGNATURE OF RE-EMPLOYED PERA RETIREE			DATE
CURRENT EMPLOYMENT INFORMATION - TO BE COMPLETED BY EMPLOYER			
NAME OF EMPLOYER		EMPLOYER NUMBER	
DATE EMPLOYED (mm/dd/yyyy)		PERA PLAN	
EMPLOYER CERTIFICATION			
AUTHORIZED SIGNATURE		DATE OF SIGNATURE (mm/dd/yyyy)	
		EMAIL ADDRESS	
TITLE		BUSINESS TELEPHONE NO.	