

## PERA Retiree Exemption from Membership

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@pera.nm.gov](mailto:noreply.records@pera.nm.gov) for processing.

### Section 1

#### 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      E-mail address

\_\_\_\_\_  
Mailing Address      City      State      Zip Code

Marital Status:     Never Married       Married       Widowed       Divorced

I was elected to the following office; \_\_\_\_\_,  
which term is to be from \_\_\_\_\_ through \_\_\_\_\_, with the below named employer, and hereby apply for  
exclusion from membership in the Public Employees Retirement Association of New Mexico in accordance with NMSA 1978, Section 10-11-8(D)(3)  
(2009) which provides for an exclusion from PERA membership for a:

“...retired member who files an irrevocable exception with the association within thirty (30) calendar days of taking office.”

For Judges, Justices or Magistrates please use the Application for a PERA Retiree - Judicial or Magistrate Judge form

### Section 2

#### Elected Official Certification

I understand that this exemption is irrevocable and is for the term of office listed above. I also understand that excluded service as an elected official will never be considered as credited service for retirement and that employee and employer contributions do not apply.

\_\_\_\_\_  
Signature of Elected Official      Date

### Section 3

#### Your Current Employment Information (To be completed by Employer)

\_\_\_\_\_  
Name of Employer      PERA Employer Number      PERA Plan

\_\_\_\_\_  
Current Position      Date of Hire (mm/dd/ccyy)      Date of Termination (mm/dd/ccyy)

### Section 4

#### Your Employer Certification (To be completed by Employer)

\_\_\_\_\_  
Authorized Employer\* Printed Name    Title      Email Address      (    )  
Phone

\_\_\_\_\_  
Signature of Authorized Employer\*      Date

\*HR Manager, Payroll Manager or Finance Manager