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EMPLOYER'S CERTIFICATION OF TERMINATION FOR A RE-EMPLOYED PERA RETIREE FORM

Instructions: Return original form to PERA for processing
 Please print or type in dark ink. Required Fields are in ***BOLD ITALICS***

RE-EMPLOYED RETIREE INFORMATION			
<i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i>			
<i>FIRST NAME</i>	<i>MI</i>	<i>LAST NAME</i>	
<i>MAILING ADDRESS</i>		<i>HOME TELEPHONE NO.</i>	
		BUSINESS TELEPHONE NO.	
		EMAIL ADDRESS	
<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	
EMPLOYER'S CERTIFICATION OF TERMINATION			
<i>PERA EMPLOYER NAME</i>		<i>PERA EMPLOYER NUMBER</i>	
<p>This is to certify that the above-named re-employed PERA retiree terminated employment on _____, 20____.</p> <p><i>Employer Authorized Official's Name</i> (please print) _____</p> <p><i>Employer Authorized Official's Signature</i> _____</p> <p><i>Title</i> _____</p> <p><i>Date</i> _____</p> <p><i>Employer Phone Number</i> _____</p>			
RE-EMPLOYED PERA RETIREE'S CERTIFICATION			
I certify that I understand that by signing this termination notice, I will not accrue additional PERA service credit nor will I be eligible for any additional retirement benefits based on the re-employment period reported on this termination notice.			
<i>SIGNATURE OF RE-EMPLOYED RETIREE</i>			<i>DATE</i>