



**PERA**

Public Employees  
Retirement Association  
of New Mexico

33 Plaza La Prensa, Santa Fe, New Mexico 87507  
(505) 476-9401 fax (505) 476-9300 voice  
(800) 342-3422 Toll-Free  
[www.nmpera.org](http://www.nmpera.org)

**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**

<b><i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i></b>		
<b><i>FIRST NAME</i></b>	<b><i>MI</i></b>	<b><i>LAST NAME</i></b>
<b><i>MAILING ADDRESS</i></b>		<b><i>HOME TELEPHONE NO.</i></b>
		BUSINESS TELEPHONE NO.
		EMAIL ADDRESS
<b><i>CITY</i></b>	<b><i>STATE</i></b>	<b><i>ZIP</i></b>
<b><i>DATE OF BIRTH</i></b>	<b><i>GENDER</i></b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

**EMPLOYER'S CERTIFICATION OF TERMINATION**

<b><i>PERA EMPLOYER NAME</i></b>	<b><i>PERA EMPLOYER NUMBER</i></b>
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This is to certify that the above-named re-employed PERA retiree terminated employment on \_\_\_\_\_, 20\_\_\_\_.

***Employer Authorized Official's Name*** (please print) \_\_\_\_\_

***Employer Authorized Official's Signature*** \_\_\_\_\_

***Title*** \_\_\_\_\_

***Date*** \_\_\_\_\_

***Employer Phone Number*** \_\_\_\_\_

**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.

<b><i>SIGNATURE OF RE-EMPLOYED RETIREE</i></b>	<b><i>DATE</i></b>
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