

# NOTICE OF APPEAL (DISABILITY) REQUEST FOR HEARING

Your Name: Address: City: State: Zip code: Phone / Cell: Email: Last 4 digits of your Social Security Number:

Reason(s) why you believe the denial of your disability application is incorrect (do not leave blank):

Signature Date

# The Educational Retirement Board must receive your Notice of Appeal (Disability) within 30 days of the date of ERB’s Denial of Disability Application.

A hearing officer designated by ERB will conduct a hearing within 90 days of the date that ERB receives your timely filed Notice of Appeal. The hearing officer will notify you of the date, time and location of the hearing. Hearings are held in Santa Fe and are not open to the public. **You must appear in person at the hearing.** You may hire a New Mexico licensed attorney to represent you at the hearing or you may represent yourself. For ERB rules on administrative appeals (2.82.2.11 NMAC), visit the ERB website at

<https://www.nmerb.org/wp-content/uploads/2020/08/2.82.11-revised-10.17.17.pdf>

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