

Application To Withdraw From Return To Work Program

Member to mail completed form to address below

MEMBER INFORMATION

Name (First, Middle, L	ast)		Last 4 digits of SSN XXX–XX–
Mailing address			
City	State	Zip	Phone
Retirement date (mm/dd/yyyy)	Date commenced working under RTW	Current RTW employer	

I am asking the New Mexico Educational Retirement Board ("NMERB") to remove me from the Return to Work program ("RTW program"), as described in Section 22-11-25.1 NMSA 1978, in which I currently participate. I understand that once I withdraw from the RTW program:

- 1. I may return to employment with a local administrative unit only if I submit a Return to Work Application choosing either the "Return to Work Earning less than \$15,000" or "Working .25 FTE or less provision", the Board approves the application, and I comply with other application rules promulgated by the Board.
- 2. If I do not follow the limitations set forth above and in applicable law and rule, my NMERB retirement benefit will be suspended and I will be required to repay the NMERB any retirement benefits that I received while I was ineligible to receive benefits.
- 3. Any contributions that I made to the NMERB while in the RTW program cannot be refunded.
- 4. The effective date of withdrawal from the RTW program will be the first month of the quarter following the

Member's signature		ate (mm/dd/yyyy)		
Certified By Notary Public STATE OF NEW MEXICO COUNTY OF Subscribed and sworn to before me by X	on the day of	 f, 20	Notary Stamp	
Notary public signature EMPLOYER ACKNOWLEDGEMENT above listed employee from RTW job category	My commission expires (employer name) acknowledges th "RT" or "TU" to either "RW" or "RE"	_	tus of the	
	X			
Name of authorized official (please print)	Signature of authorized official	Date (mm	Date (mm/dd/yyyy)	
Title of authorized official	_			
NMERB Internal Use Only Status change approved ☐ yes ☐ no Sta	mm/dd/yyyy	NMERB Staff		

Phone: (505) 827-8030 or toll-free 1 (866) 691-2345