



# Employee Data Form

Must be completed by the  
Employee and Certified by the Employer  
Employer must provide a copy to NMERB  
Fax to (855)214-0835 or (505)827-8010

Name:	SSN:	<input type="checkbox"/> M <input type="checkbox"/> F
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DOB:	Phone:	Email:
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*By supplying NMERB with your Email you are agreeing to receive emails from NMERB. Your Email will not be shared or sold.*

Mailing address: \_\_\_\_\_

City:	State:	Zip:
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**Active Member:**

**New Hire:** I have never been employed by a public school, charter school, university, or college, or other NMERB affiliated employer in New Mexico.

**Re-Hire:** I am not currently employed by a public school, charter school, university, or college, or other NMERB affiliated employer in New Mexico, however I have contributed to NMERB in the past.

**Multiple NMERB Employers:** I am currently employed by another NMERB Employer.

*Check one only for other NMERB Employer:*

- Part Time
- Full Time
- ARP (College or University)

*Name of other NMERB Employer: \_\_\_\_\_*

**NMERB Retiree:**

I am retired through the New Mexico Educational Retirement Board.

**Check one:**

- I am approved under the RTW Program 36 Months with a 90-day layout. Effective 05/18/2022.
- I am approved under the RTW Program 12-month layout.
- I am approved RTW Program Less Than \$15,000 with a 90-day layout.
- I am approved RTW Program .25FTE or less (FTE is combined with multiple employers)

**All NMERB Retirees**

I have provided a copy of my approved Return-to-Work documentation to my employer.

**NMPERA Retiree:**

I am retired from the New Mexico Public Employees Retirement Association. I will provide documentation of this to the employer.  
*(If you are retired from a PERA system from a state other than New Mexico, you are identified as an Active Member in the NMERB system)*

**Name Change:** Previous Name: \_\_\_\_\_

Last	First	Initial
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\*Upon receipt of your first paystub from your employer, verify that your SSN is correct on the paystub and that the NMERB contributions were deducted by your employer.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMPLOYER CERTIFICATION**

This is to certify that the above person is employed in the Position of: \_\_\_\_\_

Start Date: \_\_\_\_\_ District/University: \_\_\_\_\_

**Obtained Proof from the NMERB Retiree of their Approved RTW status:**

Revised 08/2023 **Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_