



# Application For Purchase Of Service Credit Withdrawn NMERB Service

Member to mail completed form to address below

Please print or type clearly and complete with black or blue ink only.

## MEMBER INFORMATION

Name (First, Middle, Last)			Last 4 digits of SSN
			XXX-XX-
Mailing address			Email address
City	State	Zip	Phone (include area code)

## Withdrawn Service Credit Information

I am a/an :      Active Member      Inactive Member

I am requesting to purchase service credits based on:

Service credits      \_\_\_\_\_ number of years (example: 1.25, whole or quarter years only in decimal form)

Funds available      \$ \_\_\_\_\_

Do you have previous employment with any city, county, or state government under New Mexico Public Employees Retirement Association (PERA) and did not withdraw your PERA contributions?      Yes      No

If yes, provide PERA agency name: \_\_\_\_\_

## MEMBER AUTHORIZATION

I authorize the use of any information necessary to process this request to purchase my withdrawn NMERB service credit.



X

Member's signature

\_\_\_\_\_   
Date (mm/dd/yyyy)

① If you purchase withdrawn service credit and have less than 25 years of service, you may owe the Retiree Health Care Authority (RHCA) payment for the full actuarial value of this additional service. Please contact RHCA at 1-800-233-2576 for further information. **Keep a copy of this application for your records.**