

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

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

Phone: (505) 585-3510 or toll-free 1 (800 663-1919