



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

Mail to: NMERB, PO Box 26129, Santa Fe ,NM 87747

Name:		SSN:	<input type="checkbox"/> M <input type="checkbox"/> F
DOB:	Phone:	Email:	
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:

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 60 Months with a 90-day layout. Effective 07/01/2025.
- ☐ I am approved under the RTW Program 12-month layout.
- ☐ I am approved RTW Program Less Than \$25,000 with a 90-day layout. Effective 07/01/2025
- ☐ 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

*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: ☐

Authorized Signature: _____ **Date:** _____