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, 5211 Las Soleras Drive Santa Fe, NM 87507

Name:	SSN:	☐ M ☐ 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 <u>I have contributed to NMERB in the past</u>.

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

Check one <u>only</u> 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: ☐

Revised 07/2025   **Authorized Signature:**_____**Date:**_____