Employee Data Form

Must be completed by the
Employee and Certified by the Employer

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 NewMexico.

☐ **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 RTW documentation.

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: _____

Authorized Signature: _____ Date: _____