



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

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www.pera.state.nm.us/

APPLICATION FOR A RE-EMPLOYED PERA RETIREE

Instructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing. Required Fields are in *ITALICS*.

SECTION A – RE-EMPLOYED RETIREE INFORMATION				
<i>SOCIAL SECURITY NUMBER</i>			<i>DATE OF BIRTH</i>	
<i>FIRST NAME</i>		<i>MI</i>	<i>LAST NAME</i>	
<i>ADDRESS TYPE</i>			<i>HOME TELEPHONE NO.</i>	
<i>ADDRESS</i>			<i>BUSINESS TELEPHONE NO.</i>	
			<i>EMAIL ADDRESS</i>	
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	<i>SEX</i>	
<ul style="list-style-type: none"> Retirees must <u>not</u> be employed by a PERA-affiliated employer for at least 90 consecutive days from his or her retirement date before returning to work for a PERA-affiliated employer. If a retiree returns to work for a PERA-affiliated employer before the 90-day waiting period elapses, the retiree must remove himself or herself from retirement. The retiree will become an employee and will make PERA contributions. Any pension amounts received must be paid back. The employee must apply for re-retirement at the end of his or her employment to begin receiving a pension. Beginning January 1, 2007, PERA-affiliated employers who re-employ PERA retirees will be responsible for paying both the employee and employer contribution amounts on salaries earned by the re-employed retirees. <u>No</u> additional service credit is accrued during the retirees' reemployment with a PERA affiliate. 				
RE-EMPLOYED PERA RETIREE'S CERTIFICATION				
I certify that I have <u>not</u> been employed by a PERA-affiliated employer for 90 or more consecutive days from my retirement date. I further certify that I understand that by signing this application, I will <u>not</u> accrue additional PERA service credit nor will I be eligible for any additional retirement benefits based on the reemployment period covered by this application.				
<i>SIGNATURE OF RE-EMPLOYED RETIREE</i>			<i>DATE</i>	
SECTION B - TO BE COMPLETED BY EMPLOYER - CURRENT EMPLOYMENT INFORMATION				
<i>NAME OF EMPLOYER</i>				
<i>DATE EMPLOYED (mm/dd/ccyy)</i>			<i>EMPLOYER NUMBER</i>	
<i>ADDRESS</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	
<i>CURRENT POSITION</i>		<i>PLAN</i>		
EMPLOYER CERTIFICATION				
<i>AUTHORIZED SIGNATURE</i>			<i>DATE</i>	
<i>TITLE</i>		<i>BUSINESS TELEPHONE NO.</i>		