



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

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TERMINATION NOTICE FOR A RE-EMPLOYED PERA RETIREE

EMPLOYER'S CERTIFICATION OF TERMINATION

Instructions: Return original form to PERA for processing

Please print or type in black. Required Fields are in **BOLD ITALICS**

RE-EMPLOYED RETIREE INFORMATION			
SOCIAL SECURITY NUMBER			
FIRST NAME	MI	LAST NAME	
ADDRESS TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING			HOME TELEPHONE NO.
ADDRESS			BUSINESS TELEPHONE NO.
			EMAIL ADDRESS
CITY	STATE	ZIP	
DATE OF BIRTH		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMPLOYER'S CERTIFICATION OF TERMINATION			
PERA EMPLOYER NAME		PERA EMPLOYER NUMBER	
<p>This is to certify that the above-named re-employed PERA retiree terminated employment on _____, 200 ____.</p> <p>Employer Authorized Name _____</p> <p>Title _____</p> <p>Date _____</p> <p>Employer Phone Number _____</p>			
RE-EMPLOYED PERA RETIREE'S CERTIFICATION			
<p>I certify that I understand that by signing this termination notice, I will not accrue additional PERA service credit nor will I be eligible for any additional retirement benefits based on the re-employment period reported on this termination notice.</p>			
SIGNATURE OF RE-EMPLOYED RETIREE			DATE