

New Mexico Educational Retirement Board
PO Box 26129 Santa Fe, New Mexico 87502-0129
(505) 827-8030 FAX (505) 827-1855

APPLICATION TO PURCHASE SERVICE CREDIT

Out-Of-State Employment

Please complete and sign Part I and forward to the former out-of-state employer to complete Part II. A separate application is required for each out-of-state employer.

To be eligible to acquire out-of-state service credit, the member must have been an employee in a public/private school accredited by the state in which it is located or a public/private institution of higher learning in a state or territory of the United States.

PART I – MEMBER'S INFORMATION	
Last Name: _____ First Name: _____ Previous Names: _____	
Address: _____ Social Security Number: _____	
City: _____ State: _____ Zip: _____ Telephone: _____	
I hereby request and authorize the release of information requested on this form and any additional information necessary to establish this claim for out-of-state employment.	
_____	_____
Signature	Date
PART II – EMPLOYER'S CERTIFICATION	
PLEASE VERIFY EMPLOYMENT FOR THE ABOVE APPLICANT.	
Name of Public/Private School or Institution: _____ Telephone # _____	
Address: _____ City: _____ State: _____ Zip: _____	
Position(s) Held: (1) _____ (2) _____	
Employed From: ____/____/____ To: ____/____/____ From: ____/____/____ To: ____/____/____	
Was this employment as a graduate assistant or as a substitute? Yes: _____ No _____	
Was this school accredited by the State Department of Education or an accrediting agency approved by the State at the time of the member's employment? Yes: _____ No: _____	
Please provide the name and address of the administrators of the retirement fund for this service.	
Administrator: _____ Address: _____	
City: _____ State: _____ Zip: _____	
On the basis of official records, I certify that the individual identified herein was employed with this public/private school or institution of higher learning.	
Signature of Authorized Official: _____	
Title: _____	Date: _____