



**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. In order to purchase out of state service credit the member must be vested (IRC 415(N)(3) BCii).

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: _____ | |