



New Mexico Educational Retirement Board (NMERB)

8500 Menaul Blvd. NE Suite B-450, Alb., NM 87112

Fax: (505) 830-2976; Toll Free: (866) 691-2345

Member Help Email: [Member.Help@state.nm.us](mailto:Member.Help@state.nm.us)

[www.nmerb.org](http://www.nmerb.org)

### NMERB Estimate of Benefit Request Form

Your request for a benefit estimate will be processed, if you qualify for retirement on the requested retirement date below and if all information is filled out correctly.

Print or type in dark ink. *Please note: your Benefit Estimate request requires 4-6 weeks to process. If you have PERA service this request may take longer.*

<b>Member Information—Print Clearly</b>		
First Name:	MI:	Last Name:
SSN:	Member DOB:	
Mailing address:		
City:	State:	Zip:
Daytime telephone:	Email:	
<input type="checkbox"/> I hereby authorize NMERB to change my address and contact information as indicated above. Your Benefit Estimate will be mailed to the address on file. Checking this authorizes NMERB to update your address. You must sign this document at the bottom of the page.		
<b>Request For Information</b>		
Your requested retirement date must be within one year of today's date. Please note: retirement dates are always on the first day of the month. (Example: July 1 or Jan. 1)		
NMERB processes one estimate date, per eligible member, per year. (If you'd like to review your information with potential retirement dates outside of the calendar year, please register your online Member Self-Service Login at: <a href="http://www.nmerb.org">www.nmerb.org</a> .)		
<b>(NMERB will provide an estimate for one date, within one year, of today's date).</b>		
Retirement Date: ____/____/____		
Current job title:	Current gross yearly salary: \$ _____ <i>(NMERB's calculations will be based on the final earnings on file, if a current gross salary is not listed.)</i>	
Check one:	9/10 month employee:	11/12 month employee:
Beneficiary DOB (one beneficiary only):	Please check one: <b>Spouse</b> <b>Non-Spouse</b>	
Do you have PERA service (please check one):	No	Yes
If yes, please provide the agency name: _____ <i>(PERA service is the retirement plan for City, County, State in New Mexico for non-educational related services that you paid in contributions to PERA (not NMERB) and left your contributions with PERA (did not refund).</i>		
Reminder: Checking the change of address box above, allows NMERB to update your address.		
Member Signature: _____		Date: _____
<i>(Your handwritten signature is required.)</i>		