Employee Data Form  
Must be completed by the Employee and Certified by the Employer

Employer must provide a copy to NMERB  
Fax to 505-827-8010

<table>
<thead>
<tr>
<th>Name:</th>
<th>SSN:</th>
<th>□ M</th>
<th>□ F</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Phone:</td>
<td>Email:</td>
<td></td>
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</tbody>
</table>

By supplying NMERB with your Email you are agreeing to receive emails from NMERB. Your Email will not be shared or sold.

Mailing address:

| City: | State: | Zip: |

**Active Member:**

- **New Hire:** I have never been employed by a public school, charter school, university or college, or other NMERB affiliated employer in New Mexico.

- **Re-Hire:** I am not currently employed by a public school, charter school, university or college, or other NMERB affiliated employer in New Mexico, however I have contributed to NMERB in the past.

- **Multiple NMERB Employers:** I am currently employed by another NMERB Employer.
  
  *Check one only for other NMERB Employer:*
  - □ Part Time
  - □ Full Time
  - □ ARP (College or University)

  *Name of other NMERB Employer:*
  
**NMERB Retiree:**

- □ I am retired through the New Mexico Educational Retirement Board.
  
  *Check one:*
  - □ I am approved under the Return to Work Program and will provide my employer with either an NMERB RTW Approval letter (approval prior to 7/1/2019) or a copy of my approved NMERB RTW Application (approval on or after 7/1/2019).
  - □ I am approved for Working .25 FTE or Less and will provide my employer with a copy of my approved NMERB RTW Application.
  - □ I am approved for Earning Less than $15,000 and will provide my employer with a copy of my approved NMERB RTW Application.

**NMPERA Retiree:**

- □ I am retired from the New Mexico Public Employees Retirement Association. I will provide documentation of this to the employer.  
  
  *(If you are retired from a PERA system from a state other than New Mexico, you are identified as an Active Member in the NMERB system)*

**Name Change:** Previous Name:

| Last | First | Initial |

*Upon receipt of your first paystub from your employer, verify that your SSN is correct on the paystub and that the NMERB contributions were deducted by your employer.

**Employee Signature:** ________________________________ Date: ________________________________

**EMPLOYER CERTIFICATION**

This is to certify that the above person is employed in the Position of: ________________________________

Start Date: __________ District/University: ________________________________

Revised 5/20 Authorized Signature: ________________________________ Date: ________________________________