**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>
</tr>
</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:** ___________________________