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>
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</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 more than one NMERB Employer.

  Name of other NMERB Employer:

  ____________________________________

  **Check one:**
  - Part Time
  - Full Time
  - ARP (College or University)

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 working .25 FTE or less for an NMERB employer 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)*

<table>
<thead>
<tr>
<th>Name Change:</th>
<th>Previous Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
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</table>

*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 7/19 Authorized Signature: ___________________________ Date: __________________