



# Return to Work Application

P.O. Box 26129 Santa Fe, NM 87502-0129

NMERB Stamp  
For NMERB use only

Fax to 505-827-1855

Name:	SSN:
Phone:	Email:

Mailing address: \_\_\_\_\_

1. What is your NMERB effective Retirement Date? \_\_\_\_\_ **OR**

2. What is your ARP effective Retirement Date? \_\_\_\_\_

3. When was the last day you worked for an NMERB employer including but not limited to: full time employment, part time employment, substitute work, services rendered as an independent contractor and/or employment with an independent contractor, volunteering in an otherwise paid position, or working less than .25 of a full-time equivalency (FTE)?

List Dates: \_\_\_\_\_ Employer: \_\_\_\_\_

4. Are you currently employed by an NMERB Employer? Yes  No

NMERB Employer Name: \_\_\_\_\_

Select either Section 1 or Section 2 below

**Section 1:**

**Return to Work Program**

NMERB/ARP retirees may return to employment under the *Return to Work Program* without affecting their retirement benefits if they maintain compliance with Section 22-11-25.1 NMSA 1978 and 2.82.5.15 NMAC. A twelve consecutive month layout period is required. Retired members under the Return to Work program shall make non-refundable member contributions to the NMERB fund and will not earn additional service credit or be able to purchase service credit associated with Return to Work employment. Employers will continue to make the employer contributions for retirees who participate in Return to Work as specified by statute.

**I have completed a 12 consecutive month layout period.** Yes  No

**Dates of layout period:** \_\_\_\_\_ to \_\_\_\_\_

**Section 2:**

**Working .25 FTE or less provision - Employer Certification required (below)**

Effective July 1, 2020 retired members under the working .25 FTE or less provision shall make non-refundable member contributions to the NMERB Fund and will not earn additional service credit or be able to purchase service credit associated with Return to Work employment. Employers will make the employer contributions as specified by statute.

**EMPLOYER CERTIFICATION – required for .25 FTE or less provision**

This is to certify that the above named retiree will be working at .25 FTE or less provision (FTE is combined for multiple employers).

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District/University:** \_\_\_\_\_

**Before beginning employment I must provide my employer with a copy of my approved NMERB RTW Application. I understand that if I receive retirement benefits and am not eligible to participate or if I violate the rules of the Return To Work Program or the .25 FTE or less provision I will be required to pay back all retirement payments plus interest I received during my period of ineligibility.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NMERB Use only

Approved RTW

Approved .25 FTE or less

Ineligible

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Rev.6/19