

## SUPPLEMENTAL RETIREMENT FORM for Working Retirees

The University of New Mexico is required to report to the Educational Retirement Board (ERB) retirees, including Alternative Retirement Plan (ARP) members, who return to active employment. Please complete the following:

Employee Name:		LINIM ID:	
Employee Name:		UNM ID:	
Department:		Date:	
ERB or ARP Retiree:			
or less FTE (full-time equivalen	an ERB-covered employer and earn up cy) provision, whichever is greater, with s (July 1 through June 30). The determined.	out affecting retirement benefits. The	e salary is
status and shall forfeit the retire \$15,000 or the .25 FTE provision	ablished limits in a fiscal year, he or she ement benefits starting on the first day o on. It is the member's responsibility to not exceed the maximum earning.	f the month in which cumulative earr o monitor his or her earnings and/	nings exceed /or hours from
Select one of the following (v	vhichever provides the greater earnin	ngs potential):	
☐ I agree to work .25 FTE or le	ess and earn not more than 25% of the	position.	
OR			
☐ I agree to limit my total ann	ual earnings (July 1 through June 30) to	\$15,000 or less.	
Are you employed by any other	employer/administrative unit participati	ng in the ERB retirement program?	
☐ Yes ☐ No		, ,	
If yes, what percentage of FTE	?		
I understand that my retireme	ent benefit will be suspended should	I earn in excess of the above limit	ts.
Employee's Name	Employee's Sig	gnature D	ate
Please print,	sign, date, and submit this form to	o the appropriate HR Office:	
	NM Division of Human Resources, Employm NM Business Center, 1700 Lomas NE, MSC		
Faculty M	lain Campus – Faculty Contracts and Servic 231 Scholes Hall, MSC05 34		

Health Sciences Center - Faculty Contracts Office

BRF, Room B37, MSC08 4720