



PERA

Public Employees
Retirement Association
of New Mexico

33 Plaza La Prensa, Santa Fe, New Mexico 87507
(505) 476-9401 fax (505) 476-9300 voice
(800) 342-3422 Toll-Free
www.nmpera.org

APPLICATION FOR PERA MEMBERSHIP FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION PRINT OR TYPE CLEARLY

SOCIAL SECURITY NUMBER or PERA ID NUMBER

FIRST NAME	MI	LAST NAME
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MAILING ADDRESS	HOME or CELL TELEPHONE NO.
	BUSINESS TELEPHONE NO.

CITY	STATE	ZIP	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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DATE OF BIRTH	CITY OF BIRTH	STATE OF BIRTH
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CURRENT MARITAL STATUS (Check One) NEVER BEEN MARRIED MARRIED DIVORCED WIDOWED

HAVE YOU EVER BEEN A PERA MEMBER? YES NO | EMAIL ADDRESS

ARE YOU OR HAVE YOU EVER BEEN A MEMBER OF THE NM EDUCATIONAL RETIREMENT BOARD? YES NO

ARE YOU CURRENTLY RECEIVING A PENSION FROM THE NM EDUCATIONAL RETIREMENT BOARD? YES NO

*If YES, complete an Employee Exclusion From PERA Membership Form (ERB/ERA IS THE NEW MEXICO EDUCATIONAL RETIREMENT SYSTEM)

FAMILY INFORMATION

Please use additional *Applications for PERA Membership Form(s)* if the space on the family information section is not sufficient.
Note, however, the designation of a survivor or refund beneficiary is on separate forms.

SPOUSE'S NAME	SSN	DATE OF BIRTH (mm/dd/ccyy)
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CHILDREN'S NAME(S)	SSN	DATE OF BIRTH (mm/dd/ccyy)
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MEMBER CERTIFICATION

I hereby declare that all the above information is true and complete to the best of my knowledge.

SIGNATURE OF MEMBER _____ **DATE** _____

Remember to send corrections to PERA if any of the above information changes. All your PERA records are maintained by using your social security number and PERA ID number. Annual member statements and PERA election ballots are mailed to the most recent address PERA has on file for you. It is your responsibility to keep your information current.

TO BE COMPLETED BY EMPLOYER

Please copy the completed application for your employer file and for the employee. Mail this original form with the Refund and Survivor Beneficiary Designation Form(s) to PERA immediately upon completion.

NAME OF EMPLOYER	PERA EMPLOYER CODE
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SALARIED EMPLOYEES ONLY \$	ALL OTHER EMPLOYEES, HOURLY RATE \$
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DATE EMPLOYED (mm/dd/ccyy)	PART-TIME (20 but less than 30 hours per week) <input type="checkbox"/> YES <input type="checkbox"/> NO
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CURRENT POSITION	RETIREMENT PLAN
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EMPLOYER CERTIFICATION

I certify that the above employee is employed by this PERA affiliate as of the above date.

AUTHORIZED SIGNATURE	DATE (mm/dd/ccyy)
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TITLE	BUSINESS TELEPHONE NO.
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