



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 827-4670 fax (505) 827-4700 voice

www.state.nm.us/pera

APPLICATION FOR PERA MEMBERSHIP

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

| SECTION A - MEMBER INFORMATION | | | |
|--|---------------|------------------|--|
| SOCIAL SECURITY NUMBER | | | |
| FIRST NAME | MI | LAST NAME | |
| ADDRESS TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING | | | HOME TELEPHONE NO. |
| ADDRESS | | | BUSINESS TELEPHONE NO. |
| CITY | STATE | ZIP | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| DATE OF BIRTH | CITY OF BIRTH | | STATE OF BIRTH |
| HAVE YOU EVER BEEN A PERA MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | EMAIL ADDRESS |
| ARE YOU OR HAVE YOU BEEN A MEMBER OF ANY OTHER NEW MEXICO RETIREMENT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| IF YES, PLEASE CHECK WHICH PLAN(S): <input type="checkbox"/> JUDICIAL <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> VOLUNTEER FIREFIGHTERS <input type="checkbox"/> LEGISLATIVE | | | |
| ARE YOU RECEIVING A PENSION FROM ANY OF THESE PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| FAMILY INFORMATION | | | |
| Please use additional Membership Application(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. | | | |
| CURRENT MARITAL STATUS (Check One) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | | |
| SPOUSE'S NAME | | SSN | DATE OF BIRTH (mm/dd/ccyy) |
| CHILDREN'S NAME(S) | | SSN | DATE OF BIRTH (mm/dd/ccyy) |
| | | | |
| | | | |
| 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 record are maintained by using your social security number. Annual member statements and PERA election ballots are sent to the most recent address PERA has on file for you. | | | |
| SECTION B - TO BE COMPLETED BY EMPLOYER | | | |
| Please copy the completed application for your employer file and for the employee. Return the original with the Beneficiary Designation Form and a copy of the employee's social security card to PERA immediately upon completion. | | | |
| NAME OF EMPLOYER | | | EMPLOYER CODE |
| DATE EMPLOYED (mm/dd/ccyy) | | WAGES | FREQUENCY |
| CURRENT POSITION | | | PLAN |
| EMPLOYER CERTIFICATION | | | |
| I certify that the above employee is employed by the department as of the above date. | | | |
| AUTHORIZED SIGNATURE | | | DATE (mm/dd/ccyy) |
| TITLE | | | BUSINESS TELEPHONE NO. |