

# Application for a Re-employed PERA Retiree

Instructions: Please print or type in dark ink. This form must be completed in its entirety and submitted to PERA via regular mail, fax, or e-mail to [noreply.records@state.nm.us](mailto:noreply.records@state.nm.us) for processing.

## Section 1

### Information About Employee

Social Security Number or PERA ID		Name (First, Middle Initial, Last)	
Date of Birth	( )	Phone Number	Would you like to receive correspondence by E-mail? If so, include E-mail Address
Mailing Address		City	State Zip Code
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Original Retirement Date			

## Section 2

### Information About Re-employed Retiree Contribution Option

**At the time I am re-employed by a PERA employer, my Pension will be suspended by law and I:**

- Elect **TO** contribute to PERA and earn service credit. I understand I must reapply for retirement and my pension benefit will be recalculated and a new COLA eligibility period will start. I understand that age and length of reemployment affect recalculation of my pension benefit and my recalculated pension benefit amount cannot be less than my suspended pension benefit.
- Elect **NOT** to contribute to PERA, **NOT** earn service credit, and **NOT** have my pension benefit recalculated.  
\*Please see below requirements prior to selecting this option.

\*I certify that I **have not** been employed by a PERA affiliated employer or retained as an independent contractor with the employer I retired from during the 12-consecutive month break in service after my retirement date.

Signature of Re-employed PERA Retiree	Date
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## Section 3

### Your Current Employment Information (To be completed by Employer)

Name of Employer	PERA Employer Number	Date of Hire (mm/dd/ccyy)
PERA Plan		

## Section 4

### Your Employer Certification (To be completed by Employer)

Authorized Employer* Printed Name	Title	Email Address	( ) Phone
Signature of Authorized Employer*		Date	