

Application for PERA Membership

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 for processing.

Section 1

Information About You

 Female

 Male

Social Security Number or PERA ID	Name (First, Middle Initial, Last)

Date of Birth (mm/dd/yyyy)	City of Birth	State of Birth

Phone Number	E-mail Address

Mailing Address	City	State	Zip Code

Marital Status: Never Married Married Divorced Widowed

Have you ever been a PERA Member? Yes No Are you currently receiving a PERA pension? Yes* No

Have you ever been an ERB Member? Yes No Are you currently receiving an ERB pension? Yes* No

*If yes, please contact PERA before beginning employment. Refer to Re-Employed Retiree Form.
*If yes, complete an Exclusion from PERA membership form.

Spouse's Name, SSN, and Date of Birth (mm/dd/yyyy)

Children's Name(s), SSN(s), and Date of Birth(s) (mm/dd/yyyy)

Section 2

Your Certification

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

Signature of Employee	Date (mm/dd/yyyy)

Remember to send corrections to PERA if any of the above information changes. 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.

Section 3

Your Current Employment Information (To be completed by Employer)

Please retain a copy of the completed application for your files and provide a copy to the employee. Submit the completed application with PERA's Beneficiary Designation form to PERA immediately after completion to noreply.records@state.nm.us or upload to PERA's FTP site.

Name of Employer	PERA Employer Code	PERA Plan

Salaried Employees Only Ψ	Salaried/All Other Employees, Hourly Rate Ψ	Current Position

Date of Hire (mm/dd/yyyy)	Part-time (more than 20 but less than 30 hours per week) <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4

Your Employer Certification (To be completed by Employer)

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

Authorized Employer* Printed Name	Title	Email Address	Phone

Signature of Authorized Employer*	Date (mm/dd/yyyy)

*HR Manager, Payroll Manager or Finance Manager