

Employer Certification of Termination for a Re-Employed PERA Retiree

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

Section 1

Information About You

Social Security Number or PERA ID		Name (First, Middle Initial, Last)	
Date of Birth	Phone Number	Would you like direct correspondence by E-mail? If so, include E-mail Address	
Mailing Address		City	State Zip Code
Original Retirement Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

Section 2

Information About Your Employer's Certification of Termination

Name of Employer	Employer Number	PERA Plan
Phone Number	Email Address	

This is to certify that the above named re-employed PERA retiree terminated employment on _____, 20_____.

Employer Authorized Signature	Employer Title	Date
-------------------------------	----------------	------

Section 3

Your Certification

I certify that I understand that by signing this termination notice, I will not accrue additional PERA service credit nor will I be eligible for any additional retirement benefits based on the re-employment period reported on this termination notice.

Re-employed Retiree Authorized Signature	Date
--	------