



MEMBER INFORMATION

Name (First, Middle, Last) Last 4 digits of your SSN XXX-XX-
Mailing address
City State Zip Phone Email

- 1. What is your NMERB effective retirement date (mm/dd/yyyy)?
2. When was the last day you rendered service to a NMERB Employer including but not limited to: Full-time or part-time employment, substitute work, services rendered as an independent contractor, and/or employment with an independent contractor, volunteering in an otherwise paid position, or working less than .25 of a full-time equivalent (FTE)?

List dates and Employers

Table with 3 columns: NMERB Employer, Start date (mm/dd/yyyy), End date (mm/dd/yyyy)

- 3. Are you currently employed by a NMERB Employer? [] Yes [] No
Name of NMERB Employer _____

Check [X] the program that applies to you. Check only ONE box. See "About Return to Work and Your Retirement Benefits" for the relevant rules on page 2 for a brief description of each RTW program.

- [] RTW Program 36 Months: I have completed a 90 consecutive day layout period. Layout period (mm/dd/yyyy): From _____ to _____ [] Yes [] No
[] RTW Program: I have completed a 12 consecutive month layout period. Layout period (mm/dd/yyyy): From _____ to _____ [] Yes [] No
[] RTW Program Less Than \$15,000: I have completed a 90 consecutive day layout period. Layout period (mm/dd/yyyy): From _____ to _____ [] Yes [] No
[] RTW .25 FTE or Less: I will be working .25 FTE or less (FTE is combined with multiple employers). [] Yes [] No

Before beginning employment, I must provide my employer with a copy of my approved NMERB RTW Application. I have read the RTW provisions (see page 2). I understand that if I am receiving retirement benefits and I violate NMERB's Return to Work rules, I will be required to pay back all retirement benefits received during my period of ineligibility with interest.



X

Member's signature

Date (mm/dd/yyyy)

NMERB Internal Use Only

- [] Approved RTW 36 Month [] Approved RTW Program [] Approved RTW less than \$15K per year
[] Approved .25 FTE or less [] Ineligible

Authorized Signature

Date (mm/dd/yyyy)

NMERB Stamp