

## Instructions for completing the NMERB Employee Data Request form.

*Employees who must complete this form:*

**New Hire** – all regular employees hired by NMSU for the first time and all temporary employees hired into a .26 FTE or higher for at least 1 year

**Re-hire** – a person who has previously been employed with NMSU and has been re-hired into a regular position

**Status Change**—a person who is currently employed with NMSU and has accepted a new position that changes reporting status

**Re-hired retiree** – an NMERB retiree working under the .25 FTE or \$15,000 salary rule

**Return to Work Retiree** – an NMERB retiree who completed a return to work application with the NMERB and has been approved to return to work without restriction to FTE or salary

This form should be completed along with other necessary employment paperwork, such as W4s and I9s.

### Hiring Department:

- Have the employee complete the form, sign and date it.
- Send the completed form to HR Services at MSC 3HRS

### Employee:

- Complete the form and mark all the appropriate boxes.
- Below are explanations for Statements 1-7.

**Statement 1. New Hire: I have never been employed by a NM school system (including Charter), University or College**

- ✓ If you are a new employee to NMSU and you have not worked for any of the universities or public school systems in New Mexico, check this box.

**Statement 2. I am currently employed with another NM school system (including Charter), University or College**

- ✓ If you are currently working in another position with a New Mexico university or a public school system, even as a temporary position, please check this box and list the name of the school you are employed with in the box below and indicate your full time or part time status.

**Statement 3. I am currently employed and have accepted a new position changing my reporting status**

**I have contributed to NMERB in the past**

- ✓ If you are currently employed with NMSU and accepted a new position within the University, check this box.

**Statement 4. I am not currently employed with another NM school system (including Charter), University or College**

**I have contributed to NMERB in the past**

- ✓ If you are not currently employed with another New Mexico university or public school, but you previously contributed to the Educational Retirement Act pension plan, check this box.

**Statement 5. I am retired from the New Mexico Public Employees Retirement Association. NMPERA**

**I will provide documentation of this to the employer.**

- ✓ If you retired from a New Mexico public employer (such as city or county employment) and are currently receiving retirement payments from NMPERA, check this box.

**Statement 6. I am retired from the New Mexico Educational Retirement Board. NMERB**

- ✓ If you retired from a New Mexico public schools system and are currently receiving retirement payments from NMERB, check this box.

**Statement 7. NMERB Retiree only: I am approved to work under the “Return to Work” program**

**I will provide documentation to the employer.**

- ✓ If you are currently collecting retirement payments from the NMERB and you have applied and been approved to be a “Return to Work” Retiree with the NMERB, check this box. If you are unsure if you have been approved for the “Return to Work” program, please call 505-827-8030 to verify this information and get a copy of the approved application.

**Statement 8. Name Change – Previous Name**

- ✓ If you have previously completed this form and have legally changed the name you listed on the previous form, check this box and complete the name change information in the box below.

**If you have questions regarding this form, please contact  
Benefit Services at 575-646-8000 or e-mail [benefits@nmsu.edu](mailto:benefits@nmsu.edu).**



**Employee data form and employment certification**  
**Must be completed by the Member and Certified by the Employer**  
**Requirements for New or Rehired employees**

**Employers must provide a copy to ERB**

**Employee Name Printed:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
M/F

**Date of Birth:** \_\_\_\_\_  
Address City, State Zip Code

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

New Hire: I have never been employed by a NM school system (including Charter), University or College

I am currently employed with another NM school system (including Charter), University or College

Name of other Employer \_\_\_\_\_ Employed: Part Time  Full Time

**Employer use:** If employed PT with the other employer and PT with your institution you must ensure that the combined hours being worked for both institutions do not exceed .25 FTE else the member becomes a regular contributing member for both institutions.

I am currently employed and have accepted a new position changing my reporting status

**I have contributed to NMERB in the past**

I am not currently employed with another NM school system (including Charter), University or College

**I have contributed to NMERB in the past**

I am retired from the New Mexico Public Employees Retirement Association. **NMPERA**

**I will provide documentation of this to the employer.**

I am retired from the New Mexico Educational Retirement Board. **NMERB**

**NMERB Retiree only:** I am approved to work under the "Return to Work" program

**I will provide documentation to the employer.**

Name Change Previous Name: \_\_\_\_\_  
Last First Middle Initial

**NOTE: It is the employee's responsibility to:**

Verify that your social security number is correct on your first pay check.

Verify, with your employer, whether or not NMERB contributions should be taken from your pay and ensure that, if required, contributions were deducted on your first pay check.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER CERTIFICATION**

This is to certify that the above person was employed in the Position of: \_\_\_\_\_

Hired on (Date) \_\_\_\_\_ and will be reported on the Monthly report period ending \_\_\_\_\_

Administrative Unit: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_  
 (School Name not Department) Date: \_\_\_\_\_