



Application To Withdraw From Return To Work Program

Name: _____ Social Security Number: _____

Address: _____
City State Zip

Retirement Date: _____ Date Commenced Working Under RTW: _____

Current RTW Employer: _____

I am asking the New Mexico Educational Retirement Board ("NERB") to remove me from the Return to Work program ("RTW program"), as described in Section 22-11-25.1 NMSA 1978, in which I currently participate. I understand that once I withdraw from the RTW program:

1. I may return to employment with a local administrative unit only if I submit a Return to Work Application choosing either the "Return to Work Earning less than \$15,000" or "Working .25 FTE or less provision", the board approves the application, and I comply with other application rules promulgated by the board.
2. If I do not follow the limitations set forth above and in applicable law and rule, my NMERB retirement benefit will be suspended and I will be required to repay the NMERB any retirement benefits that I received while I was ineligible to receive benefits.
3. Any contributions that I made to NMERB while in the RTW program cannot be refunded.
4. The effective date of withdrawal from the RTW program will be the first month of the quarter following NMERB's approval of this fully completed form.

Member Signature _____

Date _____

Notary PublicSTATE OF NEW MEXICO)
COUNTY OF:)ss.
)

Subscribed and sworn to before me by _____ on this day ____ of _____, 20____.

Signature of Notary Public _____

My commission expires _____

For Employer Use Only_____
Name of Employer acknowledges that it will change the status of the above listed employee from RTW job category "RT" or "TU" to either "RW" or "RE."

Signature of Authorized Official _____

Date _____

Printed Name of Authorized Official _____

Title of Authorized Official _____

For NMERB Use OnlyStatus Change Approved: Yes ☐ No ☐ Status Change Date: _____ NMERB Staff: _____