



**NEW MEXICO
EDUCATIONAL
RETIREMENT
BOARD**

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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 ("NMERB") 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 the RTW program, that:

1. While working for a ERB-employer, I cannot earn more than the greater of \$15,000 or 25% of the Full Time Equivalent for my position per Rule 2.82.2.11 (B)(1).
2. If I exceed the earning limits set forth above that 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 receipt of this fully completed form.
5. I understand that if I chose to reapply for the RTW program, the effective date of the approval of my request will be the July 1st following the receipt of a completed RTW program application.

Member Signature _____ Date _____

Notary Public

STATE 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

_____ acknowledges that it will change the status of the above listed
Name of Employer employee from "RTW" to either "RW" or "RE."

Signature of Authorized Official _____ Date _____

Printed Name of Authorized Official _____ Title of Authorized Official _____

For NMERB Use Only

Status Change Approved: Yes No Status Change Date: _____

NMERB Staff: _____ Date Processed: _____