



STATE OF NEW MEXICO  
**Educational Retirement Board**  
 P.O. BOX 26129  
 SANTA FE, NEW MEXICO 87502-0129  
 PHONE: (505) 827-8030 FAX: (505) 827-1855

**APPLICATION TO PURCHASE NON-REPORTED CONTRIBUTORY  
 SERVICE CREDIT**

(See Attached for Instructions and Prior Service Time)

**To be completed by Employer:**

FULL NAME OF MEMBER \_\_\_\_\_ SEX \_\_\_\_\_  
 MAIDEN NAME, IF APPLICABLE \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 EMPLOYEE MAILING ADDRESS \_\_\_\_\_

**LIST ALL NON-REPORTED SERVICE**

(Use additional sheets, if necessary)

		FY _____	FY _____	FY _____	FY _____
LIST EARNINGS BY QUARTER	JUL – SEPT	\$ _____	\$ _____	\$ _____	\$ _____
	OCT – DEC	\$ _____	\$ _____	\$ _____	\$ _____
	JAN – MAR	\$ _____	\$ _____	\$ _____	\$ _____
	APR – JUN	\$ _____	\$ _____	\$ _____	\$ _____
	<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____	\$ _____

		FY _____	FY _____	FY _____	FY _____
LIST EARNINGS BY QUARTER	JUL – SEPT	\$ _____	\$ _____	\$ _____	\$ _____
	OCT – DEC	\$ _____	\$ _____	\$ _____	\$ _____
	JAN – MAR	\$ _____	\$ _____	\$ _____	\$ _____
	APR – JUN	\$ _____	\$ _____	\$ _____	\$ _____
	<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____	\$ _____

**EMPLOYER'S CERTIFICATION**

I hereby certify that all data submitted by the employer in this application is true and correct and that the member was a regular employee during the periods and at the salaries stated.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Title*

**Instructions**

This form is to be used on behalf of an employee who has exempt service (a period of employment in which the employee was not covered under ERA) and wishes to purchase any or all of that service. The employer should complete and certify this form on behalf of the employee. Upon receipt, the Educational Retirement Board will compute the employee and employer cost of the purchase and return to the employer.

The employer must pay the employer portion.

Payment must be made payable to the New Mexico State Treasurer, and mailed to:

**Educational Retirement Board  
P.O. Box 26129  
Santa Fe, New Mexico 87502-0129**

**Please Note: Personal checks will not be accepted; only cashier's checks, money orders or direct rollovers will be accepted.**

**PRIOR SERVICE OF EMPLOYEE**

**To be completed by employer:**

I, further, certify that this employee has the following prior service. (Service prior to July 1, 1957)

Fiscal Year _____	Number of Months _____	Salary _____
Fiscal Year _____	Number of Months _____	Salary _____
Fiscal Year _____	Number of Months _____	Salary _____
Fiscal Year _____	Number of Months _____	Salary _____
Fiscal Year _____	Number of Months _____	Salary _____
Fiscal Year _____	Number of Months _____	Salary _____

_____	_____	_____
Date	Signature of Authorized Official	Title