



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123
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**MEMBER ENROLLMENT FOR
 STATE LEGISLATOR MEMBER COVERAGE PLAN 2**

Instructions: Please print or type in dark ink. This original form must be completed in its entirety and returned to PERA for processing. Required fields are in ***BOLD ITALICS***

MEMBER INFORMATION PLEASE PRINT OR TYPE CLEARLY				
<i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i>				
<i>FIRST NAME</i>	<i>MI</i>	<i>LAST NAME</i>		
<i>MAILING ADDRESS</i>			<i>HOME or CELL TELEPHONE NO.</i>	
			BUSINESS TELEPHONE NO.	
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	<i>GENDER</i>	MALE FEMALE
<i>DATE OF BIRTH</i>	CITY OF BIRTH		STATE OF BIRTH	
<i>CURRENT MARITAL STATUS</i>	NEVER BEEN MARRIED	MARRIED	DIVORCED	WIDOWED
<i>HAVE YOU EVER BEEN A PERA MEMBER?</i>	YES	NO	EMAIL ADDRESS	
<i>ARE YOU OR HAVE YOU BEEN A MEMBER OF ERA?</i>	YES	NO		
<i>ARE YOU RECEIVING A PENSION FROM ERA?</i>	YES	NO		
PLAN INFORMATION				
APPLICABILITY				
To be covered under State Legislator Member Coverage Plan 2, a state legislator or lieutenant governor must elect to be a member no later than 180 calendar days after first taking office.				
SERVICE REQUIREMENTS				
Under State Legislator Member Coverage Plan 2, the age and service requirements for normal retirement are:				
A. age 65 years or older with 5 or more years of credited service; or				
B. any age with 10 or more years of credited service.				
CONTRIBUTION RATE				
A member under State Legislator Member Coverage Plan 2 shall contribute \$600 for each year of credited service. Do not send money with this enrollment form. Legislators will be billed each July.				
PENSION CALCULATION				
The annual pension under State Legislator Member Coverage Plan 2 is equal in any calendar year to 11% of the per diem rate in effect, pursuant to Section 2-1-8, NMSA 1978, on the first day of the calendar year that the legislator or lieutenant governor retires multiplied by 60 and further is multiplied by credited service as a legislator or lieutenant governor.				
ENROLLMENT				
_____ Yes, I want to be enrolled in State Legislator Member Coverage Plan 2.				
<i>SIGNATURE OF LEGISLATOR</i>			<i>DATE</i>	