

# NEW MEXICO EDUCATIONAL RETIREMENT BOARD

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## SUMMARY OF RETURN TO WORK PROGRAM

*(For New Mexico ERA Retirees Only)*

A New Mexico Educational Board retiree may return to employment under the Return to Work Program, if certain conditions apply. Please review the following eligibility criteria before completing the Return to Work application on reverse side. ERB must verify the information provided before you return to employment.

### 1A (22-11-25-1A)

A member who retired after January 1, 2001 must complete a twelve month layout period. During this layout period, the retired member must not have been employed in any capacity. This includes full time, part time employment, services as a volunteer in a paid position, substitute teaching, services rendered as independent Contractor and/or employment with an independent contractor.

### 1B (22-11-25-1B)

A member who retired **prior** to January 1, 2001 is eligible to return to full time employment if they have not worked more than .25 of a full time equivalency or earned more than \$10,000 in a fiscal year. A layout period is not required.

### 1E (22-11-25-1E)

A member who retired **prior** to January 1, 2001 is eligible to return to full time employment if they previously completed a twelve month layout period and have since suspended retirement. Under this Standard the member must terminate current employment and complete a 90 day waiting period. The waiting period is counted from the effective date of re-retirement and shall not include any scheduled breaks, vacations, paid administrative or sick leave, or holidays consisting of more than two business days.

Although the retired member does not contribute or earn any service credit for employment under the Return to Work Program, the employer must contribute the employer share. These employees must be reported on the employers monthly report.

RTW/Revised/Jul-03

**Application for Return to Work Program  
(For New Mexico ERA Retirees Only)**

Please complete this application and answer all questions. Your signature and Notary verification is required.

NAME(LAST)	FIRST	M.I.	SOCIAL SECURITY NUMBER
STREET ADDRESS OR P.O. BOX		HOME TELEPHONE NUMBER	
CITY	STATE	ZIP	

**Section I:**

When did you last retire from, an ERB employer? \_\_\_\_\_

When was the last day you worked for an ERB employer including part-time employment, substitute teaching, services rendered as an independent contractor and/or employment with an independent contractor? \_\_\_\_\_

If you were required to suspend your retirement, when was the last retirement payment you received? \_\_\_\_\_

Date of reemployment? \_\_\_\_\_

If you were employed part-time since retirement, did you work less than .25 of a full-time equivalency or earn less than \$10,000? Yes \_\_\_\_\_ NO \_\_\_\_\_

If you retired prior to January 1, 2001, did you complete a 12 month consecutive period of no employment with an ERB employer before that date? Yes \_\_\_\_\_ if Yes, Give Dates \_\_\_\_\_ No \_\_\_\_\_

I understand that ERB must verify the information provided prior to returning to employment under the Return to Work program. I further understand that if the information given by me is found to be incorrect, I will become ineligible for the Return to Work Program. I will also be required to pay back all retirement payments, plus interest, that were received while I was participating in the Return to Work Program.

\_\_\_\_\_  
Members Signature Date

NOTARY PUBLIC: The above subscribed and sworn to, before me at _____ this _____ day of _____ the year _____ my commission expires _____ <i>Notary Public</i>
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**Section II-For ERB Use Only**

- Eligible under A (22-11-25.IA) Regular
  Ineligible for RTW Program  
 Eligible under B (22-11-25.IB) .25 FTE/\$10,000  
 Eligible under E (22-11-25. 1E) Previous I Yr. Layout

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_