



Andrea Trybus  
ASSISTANT SUPERINTENDENT  
OF HUMAN RESOURCES

Prior to submitting your application for retirement, it is recommended that you contact the Educational Retirement Board to confirm your eligibility and request a retirement benefit estimate. APS does not provide retirement benefit estimates. You may contact the Educational Retirement Board at (505) 888-1560. If you are eligible to retire from APS, follow the steps outlined below. Complete and submit your retirement application at least **60 days prior** to the effective date of your retirement, **but not more than 90 days prior**.

**Simple Retirement Steps:**

1. **Application For Retirement** – Complete Section I of the New Mexico Educational Retirement Board (NMERB) **Application for Retirement**. Only name a beneficiary if you are interested in Option B or C benefits. Attach a copy of your birth certificate. Include a copy of your beneficiary's birth certificate only if you would like an estimate for Option B and C.
  2. **Letter to APS Superintendent** – Write a **retirement letter** to the Superintendent with the following information: your name, home address, work location name, job title, employee number, social security number, and last day of active employment and date of retirement. A sample letter is enclosed in this packet which may be used in place of your own letter if preferred.
  3. **Post Retirement Additional Life Insurance** – If you are currently enrolled for Additional Life Insurance as an active APS employee, you may choose to continue that insurance at a reduced amount, usually \$25,000. Complete the **Post Retirement Additional Life Insurance form** enclosed in this packet. The Employee Benefits Department will bill you for the prorated premium.
  4. **Return Retirement Forms** – **Mail or deliver all original, signed Retirement forms** (Retirement Application, Letter to Superintendent and Post Retirement Group Life Insurance form, if applicable, and copy of Birth Certificate(s) to : **Albuquerque Public Schools, Employee Benefits Department, P.O. Box 25704, Albuquerque, NM 87125-0704**. Employee Benefits will complete Section II of the Application for Retirement form and forward to NMERB along with a copy of your birth certificate(s) for processing. The NMERB will mail you a packet of information, including a printout of your **estimated** Retirement Benefit, Direct Deposit Form and additional retirement information. You will receive an acknowledgement letter signed by the Superintendent.
- **Effective Date of Retirement** – Your **retirement date** is always the 1<sup>st</sup> day of the month following a month in which you worked. **Employees on a 9-month contract who complete a school year in May must indicate July 1 as their retirement date.**
  - **ALL** of your technology systems access, **including APS email**, will be deactivated on your effective date of retirement
  - **APS Health Care Insurance Coverage** – Your APS insurance coverage ends on the last day of the month in which you are actively employed (For 9 – month Contract Employees – Through the end of your contract) **Example 1:** (Retiree July 1<sup>st</sup> – 9-month School Year Contract) – You will continue to receive summer reserve paychecks through the first paycheck in August. Your coverage with APS ends **August 31<sup>st</sup>**, provided all benefit premiums have been paid in full. **Example 2:** (Retiree January 1<sup>st</sup> – 9-month School Year Contract – Your coverage ends December 31<sup>st</sup>, provided all benefit premiums have been paid in full. **Example 3:** (Retiree July 1<sup>st</sup> – 218, 226, 228, 248, and Full-Year Contracts) – Your benefits end on the last day of the month in which you are actively employed (June 30<sup>th</sup>), provided all benefit premiums have been paid in full. APS has numerous contracts, if you are not sure when your benefit coverage with APS ends, please contact Employee Benefits at (505) 889-4859 to confirm.
  - **Retiree Health Care Insurance Coverage** – As a Retiree from APS, you are automatically eligible to enroll for benefits with the **New Mexico Retiree Health Care Authority (NMRHCA)**. **Enrollment is not automatic** - you must contact the NMRHCA at (505) 222-6400 or 1-800-233-2576 to request an application packet and rate sheet for Retiree Health Care insurance if you want health care insurance as part of your retirement.
  - **Questions Regarding Retirement** – If you have questions concerning your eligibility for retirement, estimated retirement benefit, current balance in your retirement account, please contact the NMERB at (505) 888-1560. APS does not have access to this information.



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ NM 87 \_\_\_\_\_  
Phone \_\_\_\_\_

Date \_\_\_\_\_

Winston Brooks, Superintendent  
Albuquerque Public Schools  
6400 Uptown Blvd. NE, Suite 600  
Albuquerque, NM 87110

Dear Mr. Brooks:

This letter's purpose is to inform you of my upcoming retirement. My retirement will be effective on \_\_\_\_\_ 1, 20\_\_\_\_. My work assignment was as a \_\_\_\_\_ at \_\_\_\_\_. My last active day of employment will be \_\_\_\_\_. Any unused Annual Leave will be paid after your retirement date (maximum of 22 days).

- I will not be working Summer School.
- I will be working the following Summer School schedule. (by selecting this option your retirement date will be AUGUST 1<sup>ST</sup>)

Dates: \_\_\_\_\_  
Hours: \_\_\_\_\_  
Location: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

Employee No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Principal/Supervisor: \_\_\_\_\_ School/Site \_\_\_\_\_



Application For Retirement—Member Completion page 1 of 2

Section I: Member Information (To be completed by the member)

Name: \_\_\_\_\_ [ ] Active Employee [ ] Inactive Employee

Address: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_ [ ] Male [ ] Female

Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_ home/cell work

Most recent employer covered under NMERB: \_\_\_\_\_

Do you have PERA Service? (city, county and/or state government in NM) [ ] Yes [ ] No

[ ] (Optional) I wish to receive the ERB quarterly newsletter and other updates at this email address below:

\_\_\_\_\_ email address

The NM Educational Retirement Board will provide you with a calculation of your retirement benefit under Options A, B, or C forms of payment. Please see below the descriptions of the optional forms of payment. If you are interested in Options B or C please complete the following information along with proof of beneficiary's age. If you are not interested in Options B or C calculations, please leave this section blank. You will provide beneficiary information with your Final Selection of Benefit form which NMERB will send you.

Beneficiary Name: \_\_\_\_\_ Beneficiary SSN: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_ [ ] Male [ ] Female Relation: \_\_\_\_\_

I hereby apply for retirement as provided by the New Mexico Educational Retirement Act to become effective \_\_\_\_\_. I understand that if I am employed by more than one NMERB employer I must submit a separate application from each employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Optional Forms of Payment

Option A
This option provides you with the largest monthly sum upon retirement.
The benefit ends upon the member's death.
A beneficiary will only receive any balance left of the member's contributions plus interest.

Option B
The member's benefit is reduced.
Your beneficiary receives the same benefit amount upon your death.
The member will receive payment Option A if the beneficiary pre-deceases the member.

Option C
The member's benefit is reduced, but by a lesser amount than Option B.
Your beneficiary receives half of the benefit amount upon your death.
The member will receive payment Option A if the beneficiary pre-deceases the member.



For: \_\_\_\_\_ SSN: \_\_\_\_\_ Receipt/Postmark Date: \_\_\_\_\_

**Section II: Employer Certification (To be completed by the employer)**

Member's last date of employment: \_\_\_\_\_ Position Held: \_\_\_\_\_

Was this employment for 218 days or more per academic year?  Yes  No

- Nine month employees completing the academic year must have an effective retirement date of July 1.
- Members who are employed 218 or more days in an academic year may retire the first day of the month following termination or following ERB's receipt of the retirement application, whichever is later.

All salaries applicable to the member's final calendar quarter of employment must be reported. Payments made for *unused sick leave, unused annual leave, or early retirement incentives* are not reported for retirement purposes.

Please report salaries paid in the last two quarters of the member's employment.

September \$ \_\_\_\_\_ March \$ \_\_\_\_\_

December \$ \_\_\_\_\_ June \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**I hereby certify to the New Mexico Educational Retirement Board that the information provided in Section II is accurate.**

\_\_\_\_\_  
Employer

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Official

*If the member's application is received after the effective date desired by the member, the NMERB may only change the effective date if the delay in filing was due to a delay in processing by the employer and not due to the fault of member. A written statement from the employer to the NMERB director is required.*

**Mail the completed application to the mailing address below:**

New Mexico Educational Retirement Board  
PO Box 26129  
Santa Fe, NM 87502-0129

toll free: 1-866-691-2345  
phone: 505-827-8030  
fax: 505-827-1855  
website: www.nmerb.org



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**POST RETIREMENT ADDITIONAL LIFE INSURANCE**

Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

**Basic Life Insurance:** (Basic Term Life and Basic Accidental Death & Dismemberment Coverage): You were automatically enrolled for an amount equal to \$10,000. **This coverage ends upon your retirement.** Albuquerque Public Schools pays 100% of the premium for this coverage for all active full-time employees.

**Additional Term Life Insurance:**

Additional Life Benefit As Active Employee	Additional Life Benefit At Retirement
\$ 10,000	\$ 5,000
\$ 20,000	\$ 10,000
\$ 30,000	\$ 15,000
\$ 40,000	\$ 20,000
\$ 50,000 and over	\$ 25,000

If you are currently enrolled for Additional Life Insurance, you may continue this coverage after retirement based on an age-rated plan. The maximum coverage amount is \$25,000. The retiree will pay 100% of their premium. In addition, Additional Life Insurance premiums increase as you attain a new age band. The policy period commences **January 1 through December 31**. Please refer to the **Retiree Additional Life Insurance Schedule of Rates** on the reverse side of this form to determine your annual premium.

**If you elect to continue the Additional Life Insurance coverage, APS will bill you for the premium** which is prorated from the first of the month following the last date you paid additional life insurance premiums through December 31. (Example: Retirement date is January 1; Additional Life insurance premiums were deducted from your paycheck through December 31. You would be billed for the period January 1 through December 31). Thereafter you will be billed on an **annual basis**. Payment may be made by personal check, cashier's check or money order. We are **unable to accept cash or credit cards**.

**NO OTHER NOTICE WILL BE SENT. NON-PAYMENT WILL RESULT IN TERMINATION OF COVERAGE. YOU MUST NOTIFY US OF ANY ADDRESS CHANGES SO WE MAY MAIL YOUR ANNUAL STATEMENTS.**

**IMPORTANT NOTE: ALTHOUGH THE BOARD OF EDUCATION INTENDS TO CONTINUE THIS COVERAGE INDEFINITELY, THE BOARD DOES RESERVE THE RIGHT TO AMEND OR TERMINATE THIS COVERAGE AT ANY TIME, SUBJECT TO THE TERMS OF APPLICABLE COLLECTIVE BARGAINING AGREEMENTS.**

**Please check the appropriate box below. Sign, date, and return this form to the Employee Benefits Office.**

- I elect to continue the Additional Life Insurance coverage following my retirement.
- I choose not to continue the Additional Life Insurance and understand I may not re-enroll for this coverage at a later date.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date



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## RETIREE CONTRIBUTORY LIFE INSURANCE

### SCHEDULE OF RATES

Based on the Maximum Coverage Amount of \$25,000

<b>Age Bands</b>	<b>Annual Retiree Cost Retiree Pays 100%</b>
40 - 44	\$ 24.90
45 - 49	\$ 43.20
50 - 54	\$ 59.10
55 - 59	\$ 111.90
60 - 64	\$ 174.00
65 - 69	\$ 332.40
70 +	\$ 540.00

**Note:** To calculate the cost for Retiree Additional Life Insurance for less than \$25,000  
**Yearly Premium:** Coverage/1000 x rate (see rate table below) x 12

<b>Age Bands</b>	<b>Rate Per 1,000</b>
40 - 44	\$ 0.083
45 - 49	\$ 0.144
50 - 54	\$ 0.197
55 - 59	\$ 0.373
60 - 64	\$ 0.580
65 - 69	\$ 1.108
70 +	\$ 1.800

**THE STATE OF NEW MEXICO  
EDUCATIONAL RETIREMENT BOARD**

**6201 UPTOWN BLVD, NE  
SUITE 204  
ALBUQUERQUE, NM 87110  
505-888-1560**

**We are located between San Pedro NE  
And Americas Parkway NE**

**We are open from 8 am to 5 pm,  
Monday through Friday**

**THE NEW MEXICO  
RETIREE HEALTH CARE AUTHORITY**

**4308 CARLISLE BLVD, NE  
SUITE 104  
ALBUQUERQUE, NM 87109**

**505-222-6400  
1-800-233-2576**

**The Satellite Location:  
810 W. San Mateo  
Suite D  
Santa Fe, NM 87505  
505-476-7340**