NEW MEXICO TECH
SCIENCE • ENGINEERING • RESEARCH UNIVERSITY

Human Resources
(575) 835-5643 Phone
(575) 835-6963 fax

Insurance Continuation Notice

As a retiree of New Mexico Tech, you are eligible to continue your medical, dental and vision coverage.

Retiree coverage may be carried by the retiree or by their surviving spouse and dependents. The monthly cost for retiree coverage will depend on whether you elect Retiree only, 2-Party or Family coverage and also if you are eligible for Medicare.

Please indicate below whether or not you wish to continue your medical, dental and vision coverage.

Yes ☐ No ☐

If yes, Elect Plan:

Enrollment Status ☐ Retiree Only ☐ 2-Party (Retiree + Spouse or Child) ☐ Family (Retiree + 2 or more)

_____ _____

Signature Date

***Payment for this coverage must be made through either checking or savings account automatic payment. Non-payment will result in termination of coverage. Please fill out the attached authorization form for this deduction.

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Retiree Life Insurance Election

As a retiree of New Mexico Tech, you are eligible to continue a $10,000 life insurance policy. This policy will cost $1.06 per month.

Please indicate below whether or not you wish to purchase this life insurance.

☐ Yes, I would like to purchase $10,000 of life insurance.

☐ No, I do not wish to purchase $10,000 of life insurance.

_____ _____
Signature Date

**The payment for this coverage must be made through either checking or savings account automatic payment. Non-payment will result in termination of coverage. Please fill out the attached authorization form for this deduction.

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Name_____ **Banner ID#**_____

Address_____

Email Address_____**Marital Status** _____**Date of Birth**_____

Insurance Coverage

Medical

☐ Blue Cross Blue Shield of New Mexico
- ☐ High Option Plan
- ☐ Low Option Plan
- ☐ EPO Option Plan

☐ Cigna
- ☐ High Option
- ☐ Low Option

☐ Presbyterian
- _ High Option Plan
- ☐ Low Option Plan

Are you eligible for Medicare ☐ Yes ☐ No

Dental: Delta Dental
☐ High Option ☐ Low Option Plan ☐ Decline Dental

Dental: United Concordia
☐ High Option Plan ☐ Low Option Plan ☐ Decline Dental

Vision: Davis Vision (2 year enrollment required) ☐ ☐ Decline Vision

Life - Retiree Only $10,000 ☐ Yes ☐ No

_____	_____	_____
Spouse	Date of Birth	Social Security #

Dependent Children

_____	_____	_____
Name	Date of Birth	Social Security #
_____	_____	_____
Name	Date of Birth	Social Security #

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Authorization Agreement for Automated Payments

I (we) hereby authorize New Mexico Institute of Mining and Technology to initiate debit entries to my/our ☐ Checking or ☐ Savings account indicated below and the depository name below, hereinafter called Depository, to debit same to such account.

Depository Information

Name: _____
Name of Financial Institution

City: _____ State: _____ Zip Code: _____

Routing #_____ Account # _____

This authority is to remain in full force and effect until New Mexico Institute of Mining and Technology and Depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford New Mexico Institute of Mining and Technology and Depository a reasonable opportunity to act on it.

Account Name: _____

Account Name: _____

Signature: _____ Date: _____

Please attach a voided check/bank form confirming routing/account number if you designate a checking account or a copy of a withdrawal slip/card if you designate a savings account.
***Payment for this coverage must be made through either checking or savings account automatic payment. Non-payment will result in termination of coverage.

			Effective Date (mm/dd/yyyy)

District/Entity Name	District/Entity #
New Mexico Tech Retirees	407

New Mexico Public Schools Insurance Authority

NM TECH RETIREE ENROLLMENT APPLICATION

Eligibility Administrative Office (505) 988-4974 (800) 233-3164 FAX (505) 988-8943

1	Social Security Number	Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)

Mailing Address	City	State	Zip Code	Home Phone Number

Marital Status	Gender	Preferred E-Mail Address	Work Phone Number	Cell Phone Number
☐ S ☐ M	☐ F ☐ M	By furnishing my e-mail address on this form, I am consenting to receive communications related to my participation in NMPSIA's benefit program by e-mail. ☐ Check this box if you do not wish to receive plan communications by e-mail.		

2 ENROLLMENT STATUS ☐ Retiree Only ☐ 2-Party (Retiree + Spouse or Child) ☐ Family (Retiree + 2 or more)

3 ENROLLMENT **Elect your coverage offered by New Mexico Tech**

MEDICAL:

☐ **Blue Cross Blue Shield of NM**
- ☐ High Option Plan *(Default)*
- ☐ Low Option Plan
- ☐ EPO Option Plan

☐ **Cigna**
- ☐ High Option Plan *(Default)*
- ☐ Low Option Plan

☐ **Presbyterian**
- ☐ High Option Plan *(Default)*
- ☐ Low Option Plan

☐ Decline Medical. Reason for declining coverage: _____

Are you eligible for Medicaid? ☐ Yes ☐ No

DENTAL: ☐ **Delta Dental** ☐ High Option Plan *(Default)* ☐ Low Option Plan ☐ **United Concordia** ☐ High Option Plan *(Default)* ☐ Low Option Plan ☐ Decline Dental

☐ **VISION: Davis Vision** (2 year enrollment required) ☐ Decline Vision

☐ **ADDITIONAL LIFE: The Standard** *(Complete Schedule A Beneficiary Form)* **Select:** ☐ **$10,000** ☐ Decline Retiree Additional Life

4 DEPENDENT INFORMATION List all dependents you wish to enroll. **Indicate an A (add) or N/A (not applicable) for all names listed below.**

Please provide requested information for additional dependents on separate sheet if necessary.

Med	Dntl	Visn		Dependent's Name (Last, First, Middle)	Social Security Number **(REQUIRED)**	Date of Birth (mm/dd/yyyy)	Gender	Dependent's Relationship to You	Proof of Marriage, Birth, or Court Order Attached
☐	☐	☐					☐ F ☐ M		☐ Yes ☐ No
☐	☐	☐					☐ F ☐ M		☐ Yes ☐ No
☐	☐	☐					☐ F ☐ M		☐ Yes ☐ No
☐	☐	☐					☐ F ☐ M		☐ Yes ☐ No

5 RETIREEEE AUTHORIZATION STATEMENT

I hereby apply to the Authority for the coverage offered to myself and dependents shown above. I understand that benefits will be available subject to the exclusions, limitations and the conditions described in the Master Group Insurance Policies. I authorize any hospital, physician, or other health care provider to furnish (when applicable) to the Insurance Carrier such medical information as it may require for me and my dependents.

Under penalties of perjury and insurance fraud, I declare that I have examined this application and to the best of my knowledge and belief, statements are true, correct, and complete.

RETIREE SIGNATURE _____ DATE _____

RETURN THIS FORM TO NM TECH BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR DATE OF RETIREMENT

6 NEW MEXICO TECH CERTIFICATION **FORM MUST BE SIGNED BY NEW MEXICO TECH.**

I attest that to the best of my knowledge that this applicant is a retiree of New Mexico Tech and meets the eligibility requiurements for NMPSIA benefits.

Date of Retirement (mmydd/yyyy)	Date of Termination of Active Coverage (mm/dd/yyyy)	Benefits Specialist Signature	Date Signed byBenefits Specialists (mm/dd/yyyy)	Date Received in Your Office

Please read the NMPSIA Program Guide (provided to you by your benefits office) as you complete this form.

NMPSIA's Program Guide outlines the NMPSIA Eligibility Rules and administrative guidelines for enrollment. If you do not have this Guide, you can obtain a copy from your benefits office or at https://nmpsia.com.

ELIGIBILITY

The effective date for all your other lines of coverage is determined NM Tech. This effective date can never be made retroactive (prior to the date you officially apply).

ENROLLMENT

You may only apply for the lines of NMPSIA coverage offered by NM Tech.

Please keep the following in mind:

- You may enroll as single only for any line of NMPSIA coverage.

Indicate the status *(retiree only, two-party, or family)* for each line of coverage.

If both you and your spouse have coverage with NM Tech or under another NMPSIA affiliated employer, you and your spouse cannot double insure each other and your dependents under the NMPSIA Group Plan for any line of NMPSIA coverage.

Coverage for your dependents will begin on your effective date of coverage.

Medical and Prescription Drug Coverage – If you enroll in the medical plan, you are automatically enrolled in the Prescription Drug Program. You will receive a separate ID card from the NMPSIA Prescription Drug Manager to purchase your prescription drugs.

Additional Life Coverage - If you enroll for Additional Life coverage, you will qualify for the Retiree $10,000 life amount.

CONFIRMATION OF ENROLLMENT

Once your enrollment has been processed, the NMPSIA Eligibility Administrative Office will email you or mail you a Confirmation of Enrollment Notice to your *home (and to NM Tech)*. Please review this confirmation notice carefully and report any discrepancies to New Mexico Tech Benefits Office or to the NMPSIA Eligibility Administrative Office at 1 (800) 233-3164.

If you do not provide NM Tech with all of the appropriate documentation necessary to finalize your enrollment request, you will be contacted for the appropriate documentation. Please be sure to adhere to all deadlines associated with this request.

New Mexico Public Schools Insurance Authority

Eligibility Administrative Office: Erisa Administrative Services, Inc. • Phone: (800) 233-3164 or (505) 988-4974 • Fax: (505) 988-8943

SCHEDULE A – BENEFICIARY ASSIGNMENT - NM TECH RETIREE

Retiree Social Security Number	Retiree Name	School District/Entity New Mexico Tech Retirees - 407
Mailing Address:		Date of Birth (in mm/dd/yyyy format)

Primary Beneficiary:

(For multiple beneficiaries, distribution must equal 100% for each life benefit)

Beneficiary Name	Date of Birth (in mm/dd/yyyy format)	Relationship to the Retiree	Address	Basic Life Percent	Additional Life Percent

(For multiple beneficiaries, distribution must equal 100% for each life benefit)

Secondary Beneficiary **(in the event the primary beneficiary is not living at the time of the insured's death):**

Beneficiary Name	Date of Birth (in mm/dd/yyyy format)	Relationship to the Retiree	Address	Basic Life Percent	Additional Life Percent

STATEMENT OF MARITAL STATUS (check one)

☐ I AM NOT MARRIED. I understand that if I marry, it will affect my right to dispose of community property, and that I should then review my beneficiary designation.

☐ I AM MARRIED. My spouse is the Primary Beneficiary and/or is designated to receive 50% or more of my benefit.

☐ I AM MARRIED. My spouse is not the Primary Beneficiary and/or is designated to receive less than 50% of my benefit.

RETIREE SIGNATURE _____ **DATE:** _____

Witnessed by NM Tech: _____ **DATE:** _____

IMPORTANT NOTE: Community Property Laws are applicable to retirees living in New Mexico, Arizona, Texas, California, Idaho, Nevada, Washington, or Wisconsin; therefore, a spouse has property interest in insurance provided to the retiree through New Mexico Tech.

RETURN TO NEW MEXICO TECH'S BENEFIT OFFICE