



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 \_\_\_\_\_

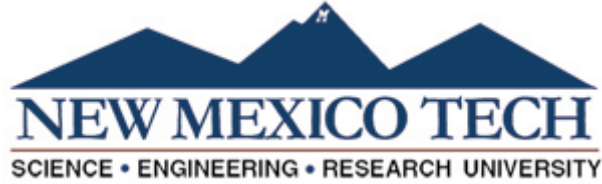
If yes, Elect Plan:

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.

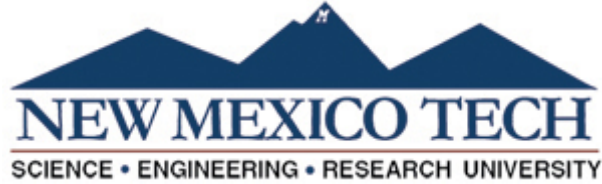
\_\_\_\_\_ No, I do not wish to purchase \$10,000 of life insurance.

\_\_\_\_\_  
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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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.