

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_____

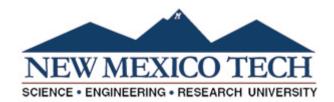
If yes, Elect Plan:

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. Nonpayment 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.

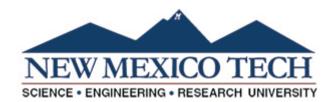
Signature

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.

NEW MEXICO TECH
SCIENCE • ENGINEERING • RESEARCH UNIVERSITY

	Human Resources (575) 835-5643 Phone (575) 835-6963 Fax		
Name			
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	<pre>_ Presbyterian _ High Option Plan _ Low Option Plan</pre>	
	Are you eligible for MedicareYesNo		
Dental: Delta Dental _ High Option _ Low Op	otion Plan	_ Decline Dental	
Dental: United Concordia High Option Plan Low Op	otion Plan	Decline Dental	
Vision: Davis Vision (2 year enrollment required)		_ Decline Vision	
Life - Retiree Only \$10,000		YesNo	
Spouse	Date of Birth	Social Security #	
Dependent Children			
Name I	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 #	
Depository has received written notif	fication from me (or	I New Mexico Institute of Mining and Technology and either of us) of its termination in such time and in such echnology and Depository a reasonable opportunity to act
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.