For Employer Use: PAYROLL DEDUCTIONS	MEDICAL $	DENTAL $	VISION $	Former Employer (if covered under NMPSIA)	Coverage Eff. Date (mm/dd/yyyy)

New Mexico Public Schools Insurance Authority

EMPLOYEE ENROLLMENT APPLICATION

FOR NEW MEXICO TECH (District ID 108)

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

RESET FORM

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 ☐ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)

3 ENROLLMENT **Elect your coverage offered by your employer**

MEDICAL

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

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

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

☐ Decline Medical

Reason: _____

Eligible for Medicaid? ☐ Yes ☐ No

DENTAL:

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

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

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 EMPLOYEE AUTHORIZATION STATEMENT

I hereby authorize my school district/employer to deduct from my earnings until further written notice, amounts equal to the contribution required of me toward the plan(s) herein enrolled. I hereby apply to the Authority for the coverage offered to myself and dependents shown above. I understand that services 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 myself and my dependents. I authorize the Insurance Carrier to coordinate benefits and/or reimbursements with other health plans or insurance companies. Under penalties of perjury and insurance fraud, I declare that I have examined this application and supporting documentation, and to the best of my knowledge and belief, they are true, correct, and complete. **Read reverse side before signing**.

EMPLOYEE SIGNATURE _____ DATE _____

RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR DATE OF HIRE

6 EMPLOYER CERTIFICATION **ALL INFORMATION IN THIS SECTION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE THIS SECTION THOROUGHLY. FORM MUST BE SIGNED BY EMPLOYER.**

I attest that to the best of my knowledge that this applicant is an employee of my district/entity (or meets the one-bus owner definition) and works the minimum number of hours per week required for NMPSIA benefits.

Date of Hire	Base Annual Salary	# of hours worked weekly	Job Title	☐ Check ***only*** if Variable Hour Employee	List date Variable Hour Employee became eligible for **medical only** coverage	Date Received in Your Office
	$					

BENEFITS SPECIALIST SIGNATURE **DATE**

Revised September 2020

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

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 school district/entity benefits office or at https://nmpsia.com.

ELIGIBILITY

If you are reporting a change in status, you must turn in this form within 31 days from your qualifying event.

Contractors are not eligible to participate in NMPSIA coverage*, except for one-bus owners. Fleet bus owners and their employees* ***are not*** *eligible to participate in NMPSIA coverage.*

To be eligible for NMPSIA Group Coverage, you must work the minimum number of hours per week established by your employer. In most cases employees are eligible for all other lines of coverage when they work a minimum of 20 hours per week. Variable hour employees should confirm eligibility for benefits with their Employee Benefits Office.

Subject to the actively at work provision, the effective date for all your other lines of coverage is determined by your employer. This effective date can never be made retroactive (prior to the date you officially apply).

SALARY INFORMATION

NMPSIA records your base annual salary. Your employer will not prorate your salary if you begin after the school year AND your employer will not include salary increments for other duties, such as coaching, department head, yearbook, etc.

ENROLLMENT

You may only apply for the lines of NMPSIA coverage offered by your employer.

Please keep the following in mind:

- If you decline medical coverage within 31 days of becoming eligible, you may apply to enroll in NMPSIA medical coverage within 31 days from a qualifying event or special enrollment event, or enroll during open enrollment for medical coverage in the fall with an effective date of January 1st.
- You may enroll as employee only for any line of NMPSIA coverage.
- If you enroll in vision coverage, you and each of your enrolled dependents must meet the 24-month enrollment requirement before you can cancel this coverage.
- If you decline dental and/or vision coverage, you may not enroll late to either of these plans unless you apply within 31 days from involuntarily losing other dental and/or vision coverage, or enroll during the open enrollment for dental/vision in the fall with an effective date of January 1st.

Indicate the status *(employee only, two-party, or family)* for each line of coverage. If you enroll one eligible dependent, you must enroll all eligible dependents, unless one or more dependents have other coverage. When enrolling dependents, you may exclude a dependent from a particular line of NMPSIA coverage only if you provide evidence that the dependent you are excluding has that particular line of coverage elsewhere. In this case, evidence of the other coverage is required *(i.e., letter of insurance verification, insurance ID card with dependent's name listed, etc*.). If you are excluding a dependent and do not provide this evidence, the dependents you are enrolling will suffer a delay in coverage until such evidence is provided. There is a 61-day deadline from your effective date of coverage to provide such evidence.

If both you and your spouse work for the same employer or for 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. *(i.e., You work for Las Cruces Public Schools and carry family medical, dental, vision, additional life insurance coverage for yourself, your spouse, and your children. Your spouse who is employed with Deming Public Schools cannot apply for family coverage to insure him, you and your children for these lines of NMPSIA coverage since you already carry this NMPSIA coverage at Las Cruces Public Schools.*

To enroll your spouse and/or your married or unmarried children (who are up to 26 years old) for any line of NMPSIA coverage offered by your employer, you will be required to present your employee benefits office with copies of the supportive documentation to prove eligibility for your dependents.

To enroll your spouse, present your **official state publicly filed marriage certificate** (from the County Clerk's Office). You may provide a chapel marriage certificate, but NMPSIA reserves the right to request the official state copy at any time. If you divorce, you must report this within 31 days and cancel coverage for your ex-spouse effective the last day of the month the divorce is final. You will be required to provide copies of certain pages of your final divorce decree. Covering an ex-spouse is considered misrepresentation.

To enroll your married or unmarried children *(who are up to 26 years old)* for any line of NMPSIA coverage offered by your employer, present their **official state publicly filed birth certificates** *(from the Bureau of Vital Statistics)*. You may provide hospital birth certificates, but NMPSIA reserves the right to request the official state copy at any time.

Coverage for your dependents will begin on your effective date of coverage when you provide your employee benefits office with the appropriate supportive documentation at the time of application or prior to your coverage going into effect. You have 61 days from your effective date of coverage or 61 days from your qualifying event to provide the appropriate supportive documentation for your dependents, but their effective date of coverage will be on the first day of the month following the date your employee benefits office receives this documentation. Coverage for your dependents will not be made retroactive. If you do not provide this information within 61 days, you may apply to cover your dependents during the established open enrollment period in the fall for coverage that will become effective on January 1.

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.

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 your employer)*. Please review this confirmation notice carefully and report any discrepancies to your Employee Benefits Office or to the NMPSIA Eligibility Administrative Office at 1 (800) 233-3164.

If you do not provide your employer 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.