

PERSONAL INFORMATION

Name _____ Social Security Number _____

Mailing Address _____

Phone Number (____) _____ Birth Date _____

Marital Status _____ Spouse Name _____

Ethnicity: Non Minority (1) ____ Black (2) ____ Hispanic (3) ____ American Indian (4) ____ Asian (5) ____

Are you a Citizen? Yes ____ No ____ If No, Visa Type _____

Education	Date Completed	Major	School
High School Diploma Yes ____ No ____	_____	_____	_____
College 1 2 3 4 5 6	_____	_____	_____
Bachelor's Degree	_____	_____	_____
Master's Degree	_____	_____	_____
Doctorate Degree	_____	_____	_____
Vocational School	_____	_____	_____
State of Training School	_____	_____	_____

Are you currently a student? Yes ____ No ____ Name of School _____

How many hours are you enrolled for? _____

Will you be a student next semester? Yes ____ No ____ Name of School _____

Are you currently employed with another NM school system? Yes ____ No ____

Name of School _____

Emergency Notification

Name _____ Phone Number _____ Relationship _____

Are/or have you been a Vendor with NM Tech? Yes ____ No ____

If yes, provide Vendor Name _____

The Following Information Is Voluntary:

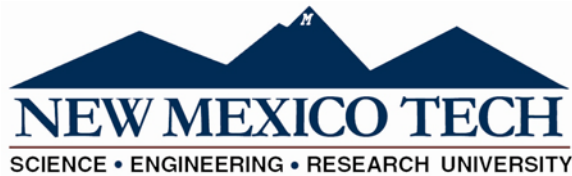
Are you a Veteran? Yes ____ No ____ If yes, give dates of services _____

Are you a Disabled Veteran? Yes ____ No ____ If yes, give details _____

Do you have a physical or mental impairment which substantially limits one or more major life activities or do you have a record of such impairment or are you regarded as having such impairment?

Yes ____ No ____ please give details _____

EMPLOYEE SIGNATURE _____ DATE _____



E-VERIFY PARTICIPATION BY NEW MEXICO TECH

Federal law requires all employers to verify the identity and employment eligibility of all persons, newly hired and presently employed under a Federal Contract and subcontract, using the E-Verify Internet Based System.

E-Verify is an Internet-based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers, of which New Mexico Institute of Mining and Technology has chosen to participate, to electronically verify the employment eligibility of their newly hired employees. U.S. Citizenship and Immigration Services (USCIS administers the program.

The program provides participating employers an automated Internet-based resource to verify the employment eligibility of newly hired employees. Participating employers run authorization checks on all newly hired employees, including U.S. citizens and non-U.S citizens, against SSA and DHS databases (about 449 million, and 60 million records respectively). Through this process, E-Verify assists employers in maintaining a legal workforce and protects jobs for authorized U.S. workers.

New Mexico Tech will provide the Social Security Administration (SSA) and the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

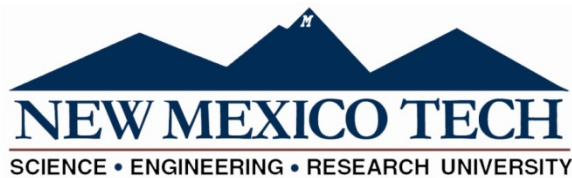
IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants, and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

I have read the above policy and have been given the opportunity to ask questions concerning this policy.

EMPLOYEE SIGNATURE _____ DATE _____



HARASSMENT

It is the policy of New Mexico Tech that all employees be able to enjoy a work environment that is free of discrimination and harassment. Harassment of any kind creates an intimidating, hostile and offensive work environment that destroys working relationships and productivity. Harassment refers to behavior that is personally offensive, impairs morale, or interferes with the ability of employees to perform well. Any harassment of an employee or employees by any other employee or employees cannot be tolerated. This policy refers to but is not limited to harassment due to age, race, color, national origin, ancestry, religion, sex, physical or mental disability, medical condition, or veteran status. Harassment includes unsolicited or pictures degrading either to gender or to racial, religious, or ethnic groups. Sexual Harassment includes sexual advances, request for sexual favors, and other conduct that is sexual and offensive. Employees who engage in any of these activities are subject to a disciplinary action that could result in the termination of employment.

Individuals who believe that they have been subjected to harassment should make it clear that such behavior is offensive to them and should not continue. If the offensive behavior does continue, it should be brought to the attention of the employee's supervisor, Director of Affirmative Action and Compliance, the Director of Human Resources or another appropriate manager. Any manager or supervisor made aware of such a harassment incident must promptly inform the Affirmative Action and Compliance Office and the Human Resources Office of such incidents. The Affirmative Action Office will investigate all harassment complaints.

Managers and supervisors are expected to halt any harassment of which they become aware by restating the policy and, when necessary, by more direct disciplinary action.

The above policy has been explained to me, and I have had the opportunity to ask questions about the policy.

EMPLOYEE SIGNATURE _____ DATE _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

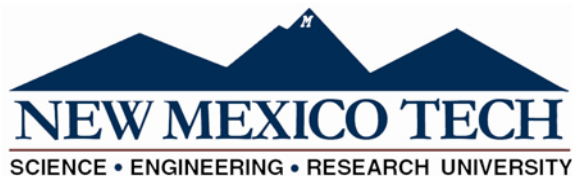
Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.



INTERNET, E-MAIL AND OTHER ON-LINE SERVICES

Electronic mail (e-mail) is an office communications tool for preparing, sending, and retrieving electronic messages on personal computers. On-line services such as the internet are communications tools for sending and retrieving information and messages on personal computers. These systems are provided for business purposes; use for personal purposes is a privilege and is permissible only within reasonable limits. Use of these systems for conducting a business, exchange of or viewing pornographic materials, or for activities contrary to law or New Mexico Tech policies is prohibited.

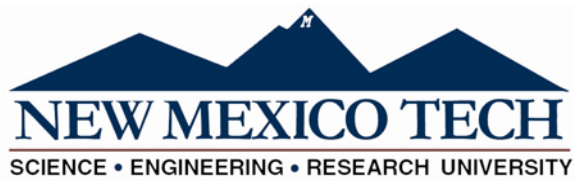
All e-mail and internet records are considered to be Institute records and should be transmitted only to individuals who have a business need to receive them. Additionally, as Institute records, e-mail and internet records are subject to disclosure to law enforcement or government officials or to other third parties through subpoena or other process. Employees should always ensure that Institute information contained in e-mail and internet messages by employees may not necessarily reflect the views of New Mexico Tech's officers or directors. Abuse of the e-mail or internet systems, through excessive personal use, or use in violation of Law or New Mexico Tech policies will result in disciplinary action and/or loss of access to New Mexico Tech's computer systems.

While New Mexico Tech does not intend to regularly review employees' e-mail and internet records, employees have no right or exception of privacy in e-mail or internet. New Mexico Tech owns the computer and software making up the e-mail and internet systems and permits employees to use them in the performance of their duties for the Institute. E-mail messages and internet records are to be treated like shared paper files, with the expectation that anything in them is available for review by authorized representatives of the Institute. Employee e-mail messages and internet records may be disclosed to law enforcement or government officials or to other third parties, without notification to or permission from the employee sending or receiving the messages and records.

Employees should also be aware that log-on and other passwords may not be shared with any third party, nor may they be shared with another employee, unless such password(s) is requested by an authorized officer of the Institute.

The Above policy has been explained to me and I have had the opportunity to ask questions about the policy.

EMPLOYEE SIGNATURE_____ DATE_____



NEW MEXICO NEW HIRE REPORTING FORM
Federal Employer Identification Number: 85-6000411

EMPLOYEE INFORMATION

Name: _____

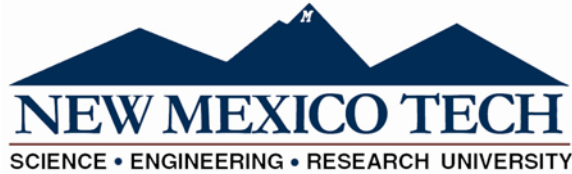
SSN: _____

Date of Birth _____

Address: _____

City/State/Zip Code _____

Date of Hire _____



IMPORTANT HEALTH, DENTAL AND VISION INSURANCE INFORMATION

Regular, regular limited term, and full time temporary employees are eligible to participate in the New Mexico Tech health, dental, and vision plans. New Mexico Tech pays the larger portion of the premiums and the employee pays a portion – those amounts are explained in the NMPSIA information packet. In order to obtain coverage, the employee must select the plan(s) most beneficial for him/her and must complete the enrollment form in the packet as soon as possible but not later than 31 days after starting work.


Deductions for premiums will be made as soon after the employee enrolls as possible. NMPSIA health insurance requires that premiums be paid in advance of the start of coverage. In some cases, depending on the employee start date, double deductions must be made for one pay period in order to have health coverage at the start of the following month.

Example #1: A new employee begins working on March 15th and completes the NMPSIA enrollment that week. A double deduction will be made for health insurance at the next pay period in order to begin coverage on April 1st.

Example #2: A new employee begins working on March 15th and completes the NMPSIA enrollment towards the end of the month. Deductions for health insurance will be made in April at both pay periods but coverage will not begin until May 1st.

Please keep these examples in mind when deciding when to enroll in the health, dental and vision plans. Likewise, if you terminate employment at New Mexico Tech, your health, dental, and vision insurance will terminate at the end of the month in which you terminate regardless of the effective date.

EMPLOYEE SIGNATURE _____ DATE _____

For Employer Use: PAYROLL DEDUCTIONS					MEDICAL \$	DENTAL \$	VISION \$	DISABILITY \$	ADDITIONAL LIFE \$	Former Employer (if covered under NMPSIA)	Basic Life Eff. Date (mm/dd/yyyy)	Other Cvrge Eff. Date (mm/dd/yyyy)
 <div>New Mexico Public Schools Insurance Authority EMPLOYEE ENROLLMENT APPLICATION Eligibility Administrative Office (505) 988-4974 (800) 233-3164 FAX (505) 988-8943</div>										District/Entity Name New Mexico Tech		District/Entity # 108
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 <input type="checkbox"/> S <input type="checkbox"/> M		Gender <input type="checkbox"/> F <input type="checkbox"/> M		Preferred E-Mail Address 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. <input type="checkbox"/> Check this box if you do not wish to receive plan communications by e-mail.				Work Phone Number		Cell Phone Number		
2		ENROLLMENT STATUS <input type="checkbox"/> Employee Only <input type="checkbox"/> 2-Party (Employee + Spouse or Child) <input type="checkbox"/> Family (Employee + 2 or more)										
3		ENROLLMENT Elect your coverage offered by your employer										
<input type="checkbox"/> BASIC LIFE \$50,000: The Standard (Paid in full by employer. Complete Schedule A Beneficiary Form) <input type="checkbox"/> Decline Basic Life												
MEDICAL: <input type="checkbox"/> Blue Cross Blue Shield of NM <input type="checkbox"/> Cigna <input type="checkbox"/> Presbyterian <input type="checkbox"/> Decline Medical. Reason for declining coverage: <input type="checkbox"/> High Option Plan (Default) <input type="checkbox"/> High Option Plan (Default) <input type="checkbox"/> High Option Plan (Default) <input type="checkbox"/> Low Option Plan <input type="checkbox"/> Low Option Plan <input type="checkbox"/> Low Option Plan <input type="checkbox"/> EPO Option Plan Are you eligible for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> DENTAL: Delta Dental <input type="checkbox"/> United Concordia <input type="checkbox"/> Decline Dental <input type="checkbox"/> High Option Plan (Default) <input type="checkbox"/> Low Option Plan <input type="checkbox"/> High Option Plan (Default) <input type="checkbox"/> Low Option Plan												
<input type="checkbox"/> VISION: Davis Vision (2 year enrollment required) <input type="checkbox"/> Decline Vision												
<input type="checkbox"/> LONG TERM DISABILITY: The Standard 90 Day BWP <input type="checkbox"/> Decline Long Term Disability												
<input type="checkbox"/> ADDITIONAL LIFE: The Standard Select: <input type="checkbox"/> 1X Base Annual Salary <input type="checkbox"/> Spouse Life <input type="checkbox"/> Child Life <input type="checkbox"/> Decline Employee Additional Life <input type="checkbox"/> Decline Dependent Life <small>(Complete Schedule A Beneficiary Form) Employee must enroll in Additional Life to add Spouse and/or Child Life</small>												
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	Add'l Life	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			
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No			
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No			
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No			
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> 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			



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

Employee Social Security Number	Employee Name	School District/Employer
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 Employee	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 Employee	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.

EMPLOYEE SIGNATURE _____

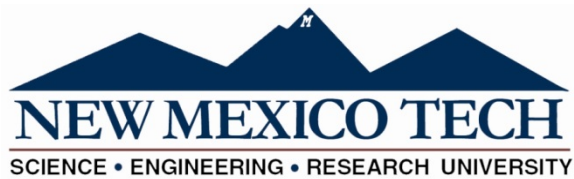
DATE: _____

Witnessed by Employer: _____

DATE: _____

IMPORTANT NOTE: Community Property Laws are applicable to employees living in New Mexico, Arizona, Texas, California, Idaho, Nevada, Washington, or Wisconsin; therefore, a spouse has property interest in insurance provided to the employee through his/her employment.

RETURN TO YOUR EMPLOYER'S BENEFIT OFFICE



OFFICIAL TRANSCRIPTS

Faculty and professional staff are required to request official transcripts to be sent to the Human Resources Department for the employee's personnel file. Transcripts of all post secondary, graduate and post graduate coursework may be requested for the file. Highest degree earned transcripts are mandatory as well as transcripts used to qualify for employment positions, if different than highest degree earned transcripts. Transcripts should be requested by the employee during the first month of employment and should be sent directly to the Human Resources Department. If the official transcripts were sent to the Human Resources Department as part of the application process, these will suffice. Signature below acknowledges compliance with this policy

EMPLOYEE SIGNATURE _____ DATE _____



Employee Data Form
Must be completed by the
Employee and Certified by the Employer
Employer must provide a copy to NMERB
Fax to (855)214-0835 or (505)827-8010

Name:		SSN:	<input type="checkbox"/> M <input type="checkbox"/> F
DOB:	Phone:	Email:	
<small>By supplying NMERB with your Email you are agreeing to receive emails from NMERB. Your Email will not be shared or sold.</small>			
Mailing address:			
City:		State:	Zip:
<u>Active Member:</u> <input type="checkbox"/> New Hire: I have never been employed by a public school, charter school, university, or college, or other NMERB affiliated employer in New Mexico. <input type="checkbox"/> Re-Hire: I am not currently employed by a public school, charter school, university, or college, or other NMERB affiliated employer in New Mexico, however <u>I have contributed to NMERB in the past.</u> <input type="checkbox"/> Multiple NMERB Employers: I am currently employed by another NMERB Employer. <div style="margin-left: 40px;"><i>Check one <u>only</u> for other NMERB Employer:</i> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> ARP (College or University) <i>Name of other NMERB Employer:</i></div>		<u>NMERB Retiree:</u> <input type="checkbox"/> I am retired through the New Mexico Educational Retirement Board. <div style="margin-left: 40px;"><i>Check one:</i> <input type="checkbox"/> I am approved under the RTW Program 36 Months with a 90-day layout. Effective 05/18/2022. <input type="checkbox"/> I am approved under the RTW Program 12-month layout. <input type="checkbox"/> I am approved RTW Program Less Than \$15,000 with a 90-day layout. <input type="checkbox"/> I am approved RTW Program .25FTE or less (FTE is combined with multiple employers) <i>All NMERB Retirees</i> <input type="checkbox"/> I have provided a copy of my approved Return-to-Work documentation to my employer. <u>NMPERA Retiree:</u> <input type="checkbox"/> I am retired from the New Mexico Public Employees Retirement Association. I will provide documentation of this to the employer. <small>(If you are retired from a PERA system from a state other than New Mexico, you are identified as an Active Member in the NMERB system)</small></div>	
Name Change: Previous Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;">LastFirstInitial</div>			
<small>*Upon receipt of your first paystub from your employer, verify that your SSN is correct on the paystub and that the NMERB contributions were deducted by your employer.</small>			
Employee Signature: _____		Date: _____	
EMPLOYER CERTIFICATION			
This is to certify that the above person is employed in the Position of: _____			
Start Date: _____		District/University: <u>New Mexico Tech</u>	
Obtained Proof from the NMERB Retiree of their Approved RTW status: <input type="checkbox"/>			
Revised 08/2023		Authorized Signature: _____ Date: _____	



Pre-Retirement Beneficiary Designation Form

Member to mail completed form to address below

MEMBER INFORMATION

☐ New designation ☐ Change designation

Name (First, Middle, Last)

Last 4 digits of SSN

Gender

XXX-XX-

☐ M ☐ F

Mailing address

City

State

Zip

Date of birth (mm/dd/yyyy)

Phone

Employer

I hereby authorize NMERB to change my address as indicated above. No Yes

Marital status (Required – check ☒ one)

☐ Never married ☐ Married (mm/dd/yyyy) ☐ Married, previously divorced ☐ Divorced ☐ Widowed

I am approved for NMERB disability retirement: No Yes

BENEFICIARY DESIGNATION

1. I am married and designating someone other than my spouse as a Beneficiary No Yes, see [Spousal Consent](#)

2. I elect to provide my designated beneficiary(ies) listed below (check ☒ only one coverage option):

☐ **Option B Coverage:** My beneficiary will have the option to select a lifetime benefit or a one-time lump sum payment upon my death. *You can only name one beneficiary and they must be a living person, not be a trust or organization.*

Name (First, Middle, Last)

SSN

Gender

☐ M ☐ F

Mailing address

City

State

Zip

Date of birth (mm/dd/yyyy)

Phone

Relationship to you

☐ **No Option B Coverage:** My beneficiary(ies) will receive a one-time lump sum payment upon my death. I reject Option B coverage, as described in 22-11-29(F).

Name (First, Middle, Last)

SSN

Gender

☐ M ☐ F

Mailing address

City

State

Zip

Date of birth (mm/dd/yyyy)

Phone

Relationship to you

% allocation

List additional beneficiaries on page 2.

MEMBER AUTHORIZATION

I hereby declare that all of the information provided on this page is true and complete to the best of my knowledge.



X

Member's signature

Date (mm/dd/yyyy)



Pre-Retirement Beneficiary Designation Form

Member to mail completed form to address below

☐ **No Option B Coverage** (continued from page 1)

Name (First, Middle, Last)		SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing address		City	State	Zip
Date of birth (mm/dd/yyyy)	Phone	Relationship to you		% allocation

Name (First, Middle, Last)		SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing address		City	State	Zip
Date of birth (mm/dd/yyyy)	Phone	Relationship to you		% allocation

Name (First, Middle, Last)		SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing address		City	State	Zip
Date of birth (mm/dd/yyyy)	Phone	Relationship to you		% allocation

SPOUSAL CONSENT TO WAIVE ENTITLEMENT

I hereby certify that I am the spouse of the above-named Member and have read this Beneficiary Designation form as completed and signed by my spouse. I hereby freely consent to the beneficiary designation made herein. I understand beneficiary payment, if any, will be made to such beneficiary or beneficiaries named on this form.



X

Spouse's signature

Date (mm/dd/yyyy)

Witnessed in the presence of a Notary Public

State of _____ County of _____

Subscribed and sworn to before me by _____ on the ____ day of _____, 20__.

Notary
Stamp

X

Notary public signature

My commission expires (mm/dd/yyyy)

MEMBER AUTHORIZATION

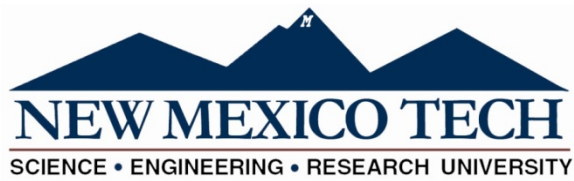
I hereby declare that all of the information provided on this page is true and complete to the best of my knowledge.



X

Member's signature

Date (mm/dd/yyyy)



PROPERTY CLEARANCE AGREEMENT

I, _____, understand and agree that in the event I resign my position, or my employment at New Mexico Tech is terminated, that my final pay check will be released to me only upon completion of the property clearance form.

EMPLOYEE SIGNATURE _____ DATE _____

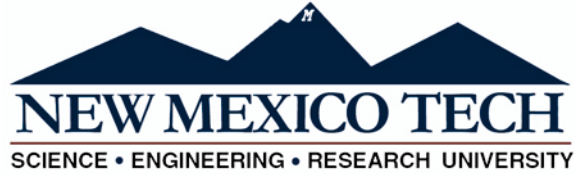


ACKNOWLEDGEMENT

With my signature below, I acknowledge that I received a copy of the New Health Insurance Marketplace Coverage Options and your Health Coverage Options.

I understand it is my responsibility to read this information. If I do not understand this information, it is my responsibility to contact the Human Resources Office at 575-835-5206 to obtain assistance.

EMPLOYEE SIGNATURE _____ DATE _____



ACKNOWLEDGEMENT

With my signature below, I acknowledge that I received a copy of the New Mexico Tech's Drug Policy. I also received a list of controlled substances, including how these substances are administered and the effects of these substances. In addition, I received a description of the Federal penalties and sanctions for illegal possession of controlled substance and a list of Federal penalties for trafficking of controlled substances.

I understand it is my responsibility to read this information. If I do not understand this information, it is my responsibility to contact the Human Resources Office at 575-835-5206 to obtain assistance.

EMPLOYEE SIGNATURE _____ DATE _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>
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Complete Steps 3–4(b) on Form W-4 for **only ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2 Enter:

<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}
--	---	-----------

2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name New Mexico Institute of Mining & Technology		4. Employer Identification Number (EIN) 85-6000-411	
5. Employer address 801 Leroy Place-HR		6. Employer phone number (575)835-5643	
7. City Socorro	8. State NM	9. ZIP code 87801	
10. Who can we contact about employee health coverage at this job? Angie Gonzales			
11. Phone number (if different from above)		12. Email address angie.gonzales@nmt.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
☐ All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:

Full-Time Employees who regularly work 20 or more hours per week; or
Temporary Employees who regularly work 40 or more hour per week.

- With respect to dependents:
☐ We do offer coverage. Eligible dependents are:

- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)


a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

NMT Sexual Misconduct Reporting Options & Procedures

If you or someone you know is a victim of sexual misconduct, including sexual harassment, sexual assault, intimate partner violence, or stalking, please consider telling someone what happened and obtaining available resources:

- Notify New Mexico Tech Campus Police at (575) 835-5555; Campus Police Department is located in the Student Activities Center(SAC).
- Notify Tech's **Title IX Coordinator (T9C)** at (575) 835-5953 or (575) 322-0001; Fidel 238.
- Notify Tech's Dean of Students (DOS) at 575-835-5548: Fidel 241.
- Notify Tech's Dean of Graduate Studies (DGS) at (575) 835-5513; Fidel 280.
- Notify Tech's Human Resources Director (HRD) for employees and work-related incidents at (575) 835-5955; Brown Hall 118D.
- Notify Tech's Affirmative Action/Equal Employment Opportunity Commission (AA/EEOC) at (575) 835-5005; Fidel 237.
- Notify a Residential Life staff member (575) 835-5900, a Resident Assistant (RA), or talk to a trusted professor or administrator.
- **Talk Confidentially** to one of Tech's Counselors or Health Care Providers at the Student Health Center (575-835-5094) or Counseling Center (575-835-6619); both located together in a suite on the 1st floor of Fidel Center.
- Complete and submit Tech's online [Title IX & Sexual Misconduct Reporting Form](https://cm.maxient.com/reportingform.php?NewMexicoTech&layout_id=1) by clicking the URL below or by cutting and pasting this URL into your browser https://cm.maxient.com/reportingform.php?NewMexicoTech&layout_id=1 
- Contact the NM Sexual Assault Program 505-883-8020.



Please note- In order for New Mexico Tech to officially respond to a report or complaint, the Title IX Coordinator (T9C) must be informed of the incident. Names and specific details of a report to the T9C will remain confidential and only disclosed with the permission of the complainant/victim, except when the laws pertaining to minors and vulnerable adults apply. **Confidential Support Staff** are located in the NMT Student Health Center and Counseling Center in the Fidel Student Center.

Students and Employees Options and Procedures

Option #1- Pursue internal (University) disciplinary action.

- Reporting options, support, and [Complainant Right's](#) will be explained by the T9C.
- Legal options can be explained in detail by NMT's T9C or Campus Police.
- The T9C can explain NMT's student conduct process, options and support.
- The T9C, HRD, and AA/EEOC can explain NMT's employee conduct process, options and support.
- Federally mandated notice may be sent to campus community by Campus Police.* *Name(s) of complainant(s)/victim(s) won't be disclosed.*
- Physical evidence can be collected by police.
- All relevant witnesses can be interviewed by police, Title IX Investigator or AA/EEOC.
- Investigation can take several days to several weeks, based on circumstances. Parties will be updated.
- Upon completion of the investigation, reports are forwarded to an Administrative Adjudicator for an informal resolution or to a Hearing Panel for a formal resolution of the matter.
- Victims, suspects, and witnesses are notified of any University adjudication.
- Complainants and respondents are equally entitled to have one (1) advisor/advocate present to support them during any University interviews or disciplinary proceeding.
- Both the complainant and the respondent shall be informed of the outcome of any institutional

disciplinary proceeding alleging sexual misconduct or gender-based discrimination.

- If either party disagrees with the finding of the initial informal process, they have a right to a formal hearing and request an appeal if needed.
- Either party has the right to request a formal hearing and bypass the informal process.
- The T9C can help establish a “No Contact Order” or other interim preventative measures or accommodations until the matter is resolved.

Option #2- Pursue criminal charges

- Investigation is conducted by NMT Campus Police.
- Upon completion of the investigation, a report is forwarded to the Socorro County District Attorney for possible prosecution.

Option #3- Pursue both internal and criminal charges

- The process outlined in Option 1 & 2 occur simultaneously. Tech may be asked to temporarily delay its investigation until some initial work can be completed by the police.
- Internal University judicial and criminal adjudication processes occur independently.

Option #4- Report incident/assault, but choose not to pursue charges at present time

- Reporting options and support will still be explained by the Title IX Coordinator.
- Complainants can change their mind and pursue charges at a later day. Please be aware if you delay to pursue the case internally, some of your options may be reduced.
- A campus “No Contact Order” may be issued between the complainant and respondent/suspect.
- Housing, classroom and other accommodations can be provided.
- Federally mandated notice may be sent to campus community by NMT Campus Police. *Name(s) of complainant(s) won't be disclosed.*
- The stated time, date and location of the assault and any additional related crimes will be reported in Tech's crime log and statistic records as mandated by The Clery Act*. *Complainant's name will remain anonymous.*


Important Considerations

- Counseling is strongly encouraged in all cases.
- Medical treatment is recommended as appropriate.
- Complainants may elect to continue with the process, stop at the current time or initiate the process at any time.
- Complainants may choose not to participate in the process and instead decide to approach a counselor.
- Contact Tech's T9C or review [Tech's Title IX Website \(https://www.nmt.edu/titleix/index.php\)](https://www.nmt.edu/titleix/index.php) for additional details.
- Contact the New Mexico Crime Victims Reparations Board at 1-800-306-6262 to determine if you are eligible for assistance with financial losses due to the crime.

* **The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act**, commonly referred to as the Clery Act, requires higher education institutions to collect, report and disseminate crime data to the campus community and U.S. Department of Education; to provide warnings of reported crimes that represent a threat to the safety of students or employees "in a manner that is timely and will aid in the prevention of similar crimes"; and to make public their campus security policies and procedures.

Procedimientos y opciones de denuncia de conducta sexual inapropiada de NMT

Si usted o alguien que conoce es víctima de conducta sexual inapropiada, incluido el acoso sexual, la agresión sexual, la violencia de pareja íntima o el acoso, considere contarle a alguien lo que sucedió y obtener los recursos disponibles:

- Notifique a la Policía del Campus Tecnológico de Nuevo México al (575) 835-5555; El Departamento de Policía del Campus está ubicado en el Centro de Actividades Estudiantiles (SAC).
- Notifique al Coordinador del Título IX de NMT (T9C) al (575) 835-5953 o (575) 322-0001; Fidel 238.
- Notifique al Director de Estudiantes (DOS) de NMT al 575-835-5548; Fidel 241.
- Notifique al Director Dean of Estudios de postgrado (DGS) de NMT al (575) 835-5513; Fidel 280.
- Notifique al Directetor de Recursos Humanos (HRD) para empleados e incidentes relacionados con el trabajo al (575) 835-5955; Brown Hall 118D.
- Notifique a la Comisión de Acción Afirmativa/Igualdad de Oportunidades en el Empleo de NMT (AA/EEOC) al (575) 835-5005; Fidel 237.
- Notifique a un miembro del personal de Residential Life (575) 835-5900, un asistente residencial (RA), o hable con un profesor o administrador de confianza.
- **Hable Confidencialmente** a uno de los consejeros de NMT o proveedores de atención médica en el Student Health Center al (575-835-5094) or Centro de Asesoramiento (Counseling Center) al (575-835-6619); ambos ubicados juntos en una suite afuera en el 1er piso del Centro Fidel.
- Complete y envíe NMT en línea [Título IX y formulario de denuncia de conducta sexual inapropiada](https://cm.maxient.com/reportingform.php?NewMexicoTech&layout_id=1) haciendo clic en la URL a continuación o cortando y pegando esta URL en su navegador
- https://cm.maxient.com/reportingform.php?NewMexicoTech&layout_id=1 
- Comuníquese con el Programa de Agresión Sexual de NM al 505-883-8020.



Tenga en cuenta- Para que New Mexico Tech responda oficialmente a un informe o queja, el Coordinador del Título IX (T9C) debe ser informado del incidente.. Los nombres y detalles específicos de un informe al T9C permanecerán confidenciales y solo se divulgarán con el permiso del denunciante/víctima, excepto cuando se apliquen las leyes relativas a menores y adultos vulnerables.

Personal de apoyo confidencial están ubicados en el Centro de Salud Estudiantil y Centro de Consejería de NMT en el Centro Estudiantil Fidel.

Estudiantes y Empleados Opciones y Procedimientos

Opción #1- Proseguir la acción disciplinaria interna (universitaria).

- Opciones de informes, soporte y [derechos del denunciante](#) Será explicado por el T9C.
- Las opciones legales pueden ser explicadas en detalle por el T9C de NMT o la Policía del Campus.
- El T9C puede explicar el proceso de conducta estudiantil, las opciones y el apoyo de NMT.
- El T9C, HRD y AA/EEOC pueden explicar el proceso de conducta, las opciones y el apoyo de los empleados de NMT.
- La policía del campus puede enviar un aviso por mandato federal a la comunidad del campus.* No se divulgarán los nombres de los denunciantes/víctimas.

- La evidencia física puede ser recolectada por la policía.
- Todos los testigos relevantes pueden ser entrevistados por la policía, el investigador del Título IX o AA/EEOC.
- La investigación puede llevar de varios días a varias semanas, según las circunstancias. Los partidos involucrados se actualizarán.
- Una vez completada la investigación, los informes se envían a un juez administrativo para una resolución informal o a un panel de audiencia para una resolución formal del asunto.
- Las víctimas, los sospechosos y los testigos serán notificados de cualquier decisión de la Universidad.
- Los denunciantes y los encuestados tienen el mismo derecho a tener un (1) asesor/defensor presente para apoyarlos durante cualquier entrevista con la Universidad o procedimiento disciplinario.
- Tanto el denunciante como el denunciado deberán ser informados del resultado de cualquier procedimiento disciplinario institucional que alegue conducta sexual inapropiada o discriminación por motivos de género.
- Si cualquiera de los partidos no está de acuerdo con el resultado del proceso informal inicial, tiene derecho a una audiencia formal y solicitar una apelación si es necesario.
- Cualquiera de los partidos tiene derecho a solicitar una audiencia formal y pasar por alto el proceso informal.
- El T9C puede ayudar a establecer una "Orden de no contacto" u otras medidas preventivas provisionales o adaptaciones hasta que se resuelva el asunto.

Opción #2- Perseguir cargos criminales

- La investigación es conducida por la policía del campus de NMT.
- Una vez completada la investigación, se envía un informe al fiscal de distrito del condado de Socorro para un posible enjuiciamiento.

Opción #3- Perseguir cargos internos y penales

- El proceso descrito en las Opciones 1 y 2 ocurrirá simultáneamente. Se le puede pedir a NMT que retrase temporalmente su investigación hasta que la policía pueda completar algún trabajo inicial.
- Los procesos internos de adjudicación judicial y penal de la Universidad ocurren de manera independiente.

Opción #4- Informar incidente/agresión, pero optar por no presentar cargos en este momento

- Las opciones de informes y el apoyo aún serán explicados por el Coordinador del Título IX.
- Los denunciantes pueden cambiar de opinión y presentar cargos en cualquier día. Tenga en cuenta que si se demora en continuar con el caso internamente, es posible que se reduzcan algunas de sus opciones.
- Se puede emitir una "Orden de no contacto" del campus entre el denunciante y el demandado/sospechoso.
- Se pueden proporcionar viviendas, aulas y otros alojamientos.
- La policía del campus de NMT puede enviar un aviso por mandato federal a la comunidad del campus. *No se divulgarán los nombres de los denunciantes*
- La hora, la fecha y el lugar indicados del asalto y cualquier otro delito relacionado se informarán en el registro de delitos de NMT y en los registros estadísticos según lo dispuesto por la Ley Clery.*. *El nombre del demandante permanecerá anónimo.*

Consideraciones importantes

- Se recomienda el asesoramiento en todos los casos.
 - Se recomienda tratamiento médico según corresponda.
 - Los reclamantes pueden optar por continuar con el proceso, detenerse en el momento actual o iniciar el proceso en cualquier momento.
 - Los denunciantes pueden optar por no participar en el proceso y, en cambio, decidir acercarse a un consejero.
 - Comuníquese con Tech's T9C o revise [Sitio web del Título IX de Tech](https://www.nmt.edu/titleix/index.php) (<https://www.nmt.edu/titleix/index.php>) para detalles adicionales.
 - Comuníquese con la Junta de Reparaciones para Víctimas del Crimen de Nuevo México al 1-800-306-6262 para determinar si es elegible para recibir asistencia con pérdidas financieras debido al crimen.
- * **La Divulgación Jeanne Clery de la Política de Seguridad del Campus y la Ley de Estadísticas Criminales del Campus**, comúnmente conocida como la Ley Clery, requiere que las instituciones de educación superior recopilen, informen y difundan datos sobre delitos a la comunidad del campus y al Departamento de Educación de los EE. UU; para proporcionar advertencias de delitos denunciados que representan una amenaza para la seguridad de los estudiantes o empleados "de manera oportuna y ayudará en la prevención de delitos similares"; y hacer públicas sus políticas y procedimientos de seguridad del campus.