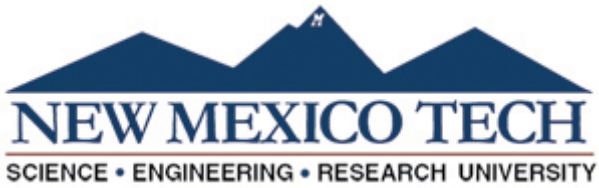


Human Resources
(505) 835-5643 Phone
(505) 835-6963 fax

Insurance Continuation Notice

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

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

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

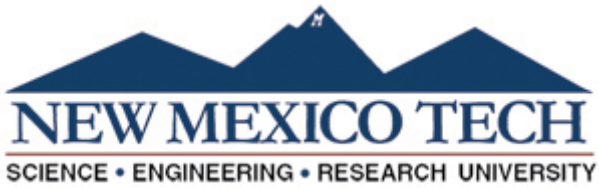
Yes _____ No_____

If yes, Elect Plan:

ENROLLMENT STATUS ___Retiree Only ____2-Party (Retiree + Spouse or Child) ____Family (Retiree + 2 or more)

_____ _____
Signature Date

***Payment for this coverage must be made through either checking or savings account automatic payment. Please fill out the attached authorization form for this deduction.



Human Resources
(505) 835-5643 Phone
(505) 835-6963 Fax

Retiree Life Insurance Election

As a retiree of New Mexico Tech, you are eligible to continue a $10,000 life insurance policy. This policy will cost $.33 per thousand per month ($3.30 a month).

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

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

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

_____ _____
Signature Date

**The payment for this coverage must be made through either checking or savings account automatic payment. Please fill out the attached authorization form for this deduction.

NEW MEXICO TECH
SCIENCE • ENGINEERING • RESEARCH UNIVERSITY

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Name_____ **Banner ID#**_____

Address_____

Sex_____ **Marital Status** _____**Date of Birth**_____

Insurance Coverage

MEDICAL

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

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

Are you eligible for Medicare ☐ Yes ☐ No

DENTAL: United Concordia

☐ High Option Plan (Default) ☐ Low Option Plan ☐ Decline Dental

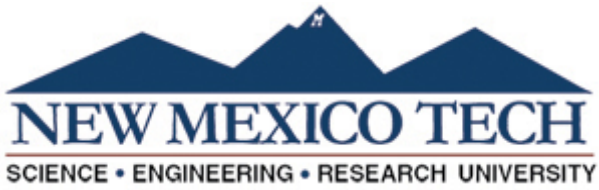
VISION: Davis Vision (2 year enrollment required) ☐ Decline Vision

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

_____	_____	_____
Spouse	Date of Birth	Social Security #

Dependent Children

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



Human Resources
(505) 835-5643 Phone
(505) 835-6963 Fax

Authorization Agreement for Automated Payments

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

Depository Information

Name: _____
Name of Financial Institution

City: _____ State: _____ Zip Code: _____

Routing #_____ Account # _____

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

Account Name: _____

Account Name: _____

Signature: _____ Date: _____
(One signature required if account is opened in "either/or")

Please attach a voided check if you designate a checking account or a copy of a withdrawal slip/card if you designate a savings account.