

Effective Date
(mm/dd/yyyy)



New Mexico Public Schools Insurance Authority
NM TECH RETIREE ENROLLMENT / CHANGE FORM

District/Entity Name

District/Entity #

This form is Effective 1/1/2025.

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

1 Social Security Number Name (Last, First, Middle) Date of Birth
Mailing Address City State Zip Code Home Phone Number
Marital Status Gender E-Mail Address Mandatory Cell Phone Number

F95 GCB: CF 7 < 5 B; 9 (Answer questions below)
What event took place?
What date did event take place?
New Retiree (enrolling within 31 days of retiring) Evidence of Insurability
Qualifying Event (enrolling within 31 days of event)

2 ENROLLMENT
What is your current enrollment status?
What enrollment status are you requesting?
Check One: ADD COVERAGE / DEPENDENTS CANCEL COVERAGE / DEPENDENTS

MEDICAL:
Blue Cross Blue Shield of NM
Presbyterian (Default)
Decline Medical
Reason:
Eligible for Medicaid? Yes No

DENTAL: Blue Cross Blue Shield of NM Dental (Default) United Concordia Delta Dental Decline Dental
VISION: Davis Vision (2 year enrollment required) Decline Vision

Retiree ADDITIONAL LIFE: The Standard \$10,000 Decline Employee Additional Life

3 DEPENDENT INFORMATION List all dependents you wish to enroll. Provide requested information for additional dependents on separate form. Indicate an A (add), D (drop), C (continue coverage), or N/A (not applicable) for all names listed below.

Table with columns: Med, Dntl, Visn, Dependent's Name, Social Security Number, Date of Birth, Gender, Relationship to You, Proof of Marriage, Birth, Loss of Coverage, or Court Order Attached

4 RETIREE AUTHORIZATION STATEMENT

I hereby apply to the Authority for the coverage offered to myself and dependents shown above. I understand that benefits 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 me and my dependents. Under penalties of perjury and insurance fraud, I declare that I have examined this application and to the best of my knowledge and belief, statements are true, correct, and complete. Read reverse side before signing.
RETURN THIS FORM TO NM TECH BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR EVENT
RETIREE SIGNATURE DATE

5 NEW MEXICO TECH CERTIFICATION ALL INFORMATION IN THIS SECTION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE THIS SECTION THOROUGHLY. FORM MUST BE SIGNED BY NM TECH.

I attest that to the best of my knowledge that this applicant is a retiree of New Mexico Tech and meets the eligibility requirements for NMPSIA benefits.
Date of Retirement Date of Termination of Active Coverage Date Received in Your Office

NM TECH BENEFITS SPECIALIST SIGNATURE: DATE:

Please read the NMPSIA Program Guide as you complete this form.

NMPSIA's Program Guide outlines the NMPSIA Eligibility Rules and administrative guidelines for enrollment. If you do not have this Guide, you can obtain a copy from your benefits office or at <https://nmpsia.com>.

ELIGIBILITY

The effective date for all your other lines of coverage is determined NM Tech. This effective date can never be made retroactive (prior to the date you officially apply).

ENROLLMENT

You may only apply for the lines of NMPSIA coverage offered by NM Tech.

Please keep the following in mind:

- You may enroll as single only for any line of NMPSIA coverage.

Indicate the status (*retiree only, two-party, or family*) for each line of coverage.

If both you and your spouse have coverage with NM Tech or under another NMPSIA affiliated employer, you and your spouse cannot double insure each other and your dependents under the NMPSIA Group Plan for any line of NMPSIA coverage.

Coverage for your dependents will begin on your effective date of coverage.

Medical and Prescription Drug Coverage – If you enroll in the medical plan, you are automatically enrolled in the Prescription Drug Program. You will receive a separate ID card from the NMPSIA Prescription Drug Manager to purchase your prescription drugs.

Additional Life Coverage - If you enroll for Additional Life coverage, you will qualify for the Retiree \$10,000 life amount.

CONFIRMATION OF ENROLLMENT

Once your enrollment has been processed, the NMPSIA Eligibility Administrative Office will email you or mail you a Confirmation of Enrollment Notice to your *home (and to NM Tech)*. Please review this confirmation notice carefully and report any discrepancies to New Mexico Tech Benefits Office or to the NMPSIA Eligibility Administrative Office at 1 (800) 233-3164.

If you do not provide NM Tech with all of the appropriate documentation necessary to finalize your enrollment request, you will be contacted for the appropriate documentation. Please be sure to adhere to all deadlines associated with this request.