

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 coverage.

Retiree coverage may be carried indefinitely by the retiree or by their surviving spouse. The monthly cost for retiree coverage will depend on whether you elect family, employee + one or individual coverage and also if you are eligible for Medicare.

Please indicate below whether or not you wish to continue your medical coverage.

Yes _____ No _____

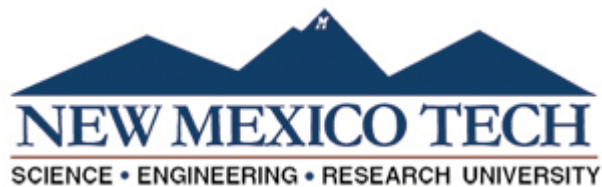
If yes, Elect Plan:

Plan 1 _____ Plan 2 _____ Plan 3 _____

Family _____ Employee + One _____ Individual _____

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.



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Retiree Life Insurance Election

As a retiree of New Mexico Tech, you are eligible to continue a \$10,000 life insurance policy. This policy will cost \$.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.

Retiree Election

Name _____ Banner ID# _____
Address _____
Sex _____ Marital Status _____ Date of Birth _____

Insurance Coverage - Please Circle Either Yes or No

Medical/Dental/Vision - Retiree Only Plan 1 _____ Plan 2 _____ Plan 3 _____
Medicare Eligible Yes _____ No _____

Medical/Dental/Vision - Retiree & One Plan 1 _____ Plan 2 _____ Plan 3 _____
Both Medicare Eligible Yes _____ No _____

Medical/Dental/Vision - Family Plan 1 _____ Plan 2 _____ Plan 3 _____

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 #

DO NOT WRITE BELOW THIS LINE

Effective _____

Changes:

#1 _____

#2 _____



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Authorization Agreement for Automated Payments

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

Depository Information

Name: _____
Name of Financial Institution

City: _____ State: _____ Zip Code: _____

Routing # _____ Account # _____

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.