

Effective Date
(mm/dd/yyyy)

New Mexico Public Schools Insurance Authority

District/Entity Name
New Mexico Tech RetireesDistrict/Entity #
407

NM TECH RETIREE ENROLLMENT APPLICATION

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

1	Social Security Number	Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
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Mailing Address	City	State	Zip Code	Home Phone Number
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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
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2	ENROLLMENT STATUS	<input type="checkbox"/> Retiree Only	<input type="checkbox"/> 2-Party (Retiree + Spouse or Child)	<input type="checkbox"/> Family (Retiree + 2 or more)
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3	ENROLLMENT Elect your coverage offered by New Mexico Tech
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MEDICAL: Decline Medical. Reason for declining coverage: _____

<input type="checkbox"/> Blue Cross Blue Shield of NM	<input type="checkbox"/> Cigna	<input type="checkbox"/> Presbyterian
<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? Yes No

DENTAL: Delta Dental United Concordia Decline Dental

High Option Plan (Default) Low Option Plan High Option Plan (Default) Low Option Plan

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

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

(Complete Schedule A Beneficiary Form)

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.
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Med	Dntl	Visn	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth (mm/dd/yyyy)	Gender	Dependent's Relationship to You	Proof of Marriage, Birth, or Court Order Attached
						<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	RETIREEEEE AUTHORIZATION STATEMENT
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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.

RETIREE SIGNATURE _____ DATE _____

RETURN THIS FORM TO NM TECH BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR DATE OF RETIREMENT

6	NEW MEXICO TECH CERTIFICATION	FORM MUST BE SIGNED BY NEW MEXICO TECH.
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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 (mmydd/yyyy)	Date of Termination of Active Coverage (mm/dd/yyyy)	Benefits Specialist Signature	Date Signed by Benefits Specialists (mm/dd/yyyy)	Date Received in Your Office
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Please read the NMPSIA Program Guide (provided to you by your benefits office) 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.