Erisa Administrative Services, Inc

Enrollment Message

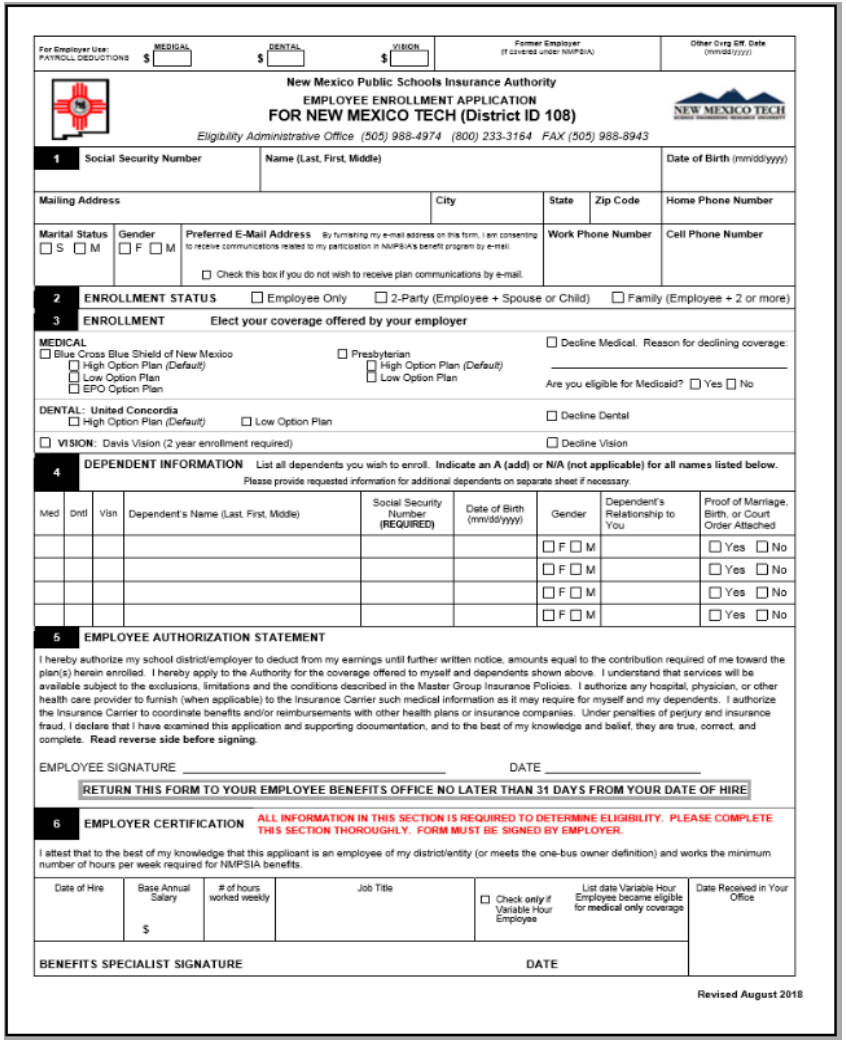
January 2019
New Mexico Tech

EASI
Erisa Administrative Services, Inc.

NMPSIA Enrollment Application

http://www.nmt.edu/hr/

Supportive documentation for proof of dependency is waived for dependent enrollment for currently enrolled Active employees.



For Employer Use: PAYROLL DEDUCTIONS — MEDICAL $ ____ DENTAL $ ____ VISION $ ____ | Former Employer (If covered under NMPSIA) | Other Cvrg Eff. Date (mm/dd/yyyy)

New Mexico Public Schools Insurance Authority

EMPLOYEE ENROLLMENT APPLICATION

FOR NEW MEXICO TECH (District ID 108)

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

NEW MEXICO TECH

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 ☐ S ☐ M | Gender ☐ F ☐ 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. ☐ Check this box if you do not wish to receive plan communications by e-mail. | Work Phone Number | Cell Phone Number

2 ENROLLMENT STATUS ☐ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)

3 ENROLLMENT Elect your coverage offered by your employer

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
☐ Decline Medical. Reason for declining coverage: _____
Are you eligible for Medicaid? ☐ Yes ☐ No

DENTAL: United Concordia ☐ High Option Plan *(Default)* ☐ Low Option Plan ☐ Decline Dental

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

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	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
						☐ F ☐ M		☐ Yes ☐ No
						☐ F ☐ M		☐ Yes ☐ No
						☐ F ☐ M		☐ Yes ☐ No
						☐ F ☐ M		☐ Yes ☐ 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	☐ 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

Revised August 2018

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Online Enrollment
Employee

https://nmpsiaonline.nmpsia.com/

- Make elections online *(one online enrollment allowed prior to 1/1/19)*
- Verify accuracy of your data
- Corrections and changes need to be reported to Human Resources and require you to submit a Change Card

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Enrollment Reminders

Benefits are effective January 1, 2019

Enrollment Period

- September 13th through October 12th
  - Active employees currently enrolled in benefits *(new hires)*
  - Eligible Active employees not enrolled in benefits
    - Enrollment must be on a paper enrollment form
    - You will be required to provide proof of dependency for any dependent enrollment
  - Retirees currently enrolled in benefits

Payroll Deductions

- Review the rate schedules provided
- Consult with Human Resources

Once Enrolled

- Receive a Confirmation of Enrollment
  - Verify information
  - Report any discrepancies to Human Resources for instructions
  - Eligibility to the carriers will begin on November 16, 2018
  - Id cards will follow 7-10 business days after we forward your information
    - *Medical and Rx coverage are two separate Id cards*
    - *Dental cards*

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Enrollment Reminders

After January 1st

- Review pages 7-15 of your NMPSIA Program Guide
- Qualifying events must be reported within 31 days to Human Resources to complete the appropriate forms and provide supportive documentation
  - Birth
  - Marriage
  - Adoption or placement of a child
  - Incapacity of a covered child
  - Legal guardianship of a child
  - Divorce
  - Involuntary Loss of Coverage
  - Death
  - Address, phone or email change

October 2019 Events

Open Enrollment - add benefits and/or eligible dependents

- Medical
- Dental
- Vision

Switch Enrollment

- Medical - Switch carriers or plans
- Dental - Switch plans

Any NMPSIA scheduled premium rate changes

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Thank you very much for your time

If you have any questions don’t hesitate to contact us at:

Erisa Administrative Services, Inc.
P.O. Box 9054
Santa Fe, NM 87504-9054

Santa Fe: (505) 988-4974
Toll Free: (800) 233-3164
Email: sf@easitpa.com