

MICHELLE LUJAN GRISHAM
GOVERNOR

KEN ORTIZ
CABINET SECRETARY

CLINTON NICLEY
RISK MANAGEMENT DIRECTOR

LORETTA LOPEZ
DEPUTY RISK MANAGEMENT DIRECTOR



State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
(505) 476-1857

FACILITIES MANAGEMENT DIVISION
(505) 827-2141

PURCHASING DIVISION
(505) 827-0472

RISK MANAGEMENT DIVISION
(505) 827-2036

STATE PRINTING & GRAPHIC SERVICES BUREAU
(505) 476-1950

TRANSPORTATION SERVICES DIVISION
(505) 827-1958

State of New Mexico Employees
PREMIUM ONLY PLAN (POP)
NOTICE OF WAIVER
JANUARY 1- DECEMBER 31, 2020

I, _____, wish to “waive” participation in the Premium Only Plan (POP) for the benefits plan year of January 1 through December 31, 2020. I understand by signing this waiver my benefits will be deducted from my pay as an after-tax deduction. I further understand that my enrollment to this program will be up for renewal on January 1, 2021.

Employee Name (print)

Agency Name and Number

Employee Signature

Date

Fax to ERISA 505-244-6009

Late submission of the POP Waiver will not be granted