CURRENT CALENDAR AND PRIOR FISCAL YEAR REFUND REQUEST

HOW TO SUBMIT REFUND REQUESTS

EBB Email

Erisa is responsible for sending all refund request to the EBB email. Read the email to determine if the refund is a prior/current fiscal year refund.



-The very first thing that needs to be done is to having the employee fill out a W-9 form.

-Make sure that no work related information is on the W-9 or it will get rejected. No work title, no work email, no work phone number.

Example of how the W-9 should look:

	DO NOT SEND TO IRS - SUBMIT FORM TO	NEW MEXIC	O DEPARTMENT O	OF FINANCE & ADMI	NISTRATION	STHE STATE OF
	REQUESTING AGENCY		FINANCIAL CO SUBSTITU	NTROL DIVISION TE FORM W-9		
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	- F	FIRST & LAST NA	ME			
	3. Entity Type (Cl	eck only one, unless you are or have been a	State of New Mexico Emplo	yee, then also check State of	New Mexico Employee bo	x):
		/ Sole Proprietorship / Single Member LLC		Government (Local, State	e, Federal, Tribe)	
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Steps to Audit W-9 W-9 form should match the employees information in SHARE.

Step 1. Nav-Bar Menu

Step 2. Workforce Administration

Step 3.Personal information

Step 4. Modify a person

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	😑 Add a Person	
	🚍 Modify a Person	

Step 5. Enter Empl ID or First and Last name

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Benefit Premium Refund Flow Chart

"Creation of 1099 Forms for Benefit Premium Refunds" – Process for Employee Benefits Bureau

NOTE: There is no need for 1099 forms to be created when a refund occurs in the *current* calendar year since DFA processes the refund via payroll and incorporates the refund amount into the appropriate year-end W2.



Does employee's refund request include a current calendar year timeframe?

April 2014

Only one refund request is required per Calendar Year unless part of the Refund being requested is in a prior fiscal year (FY).

Example: DFA Central Payroll runs Calendar Year January – December

Fiscal years runs:

July 1, 2021 thru June 30, 2022 is fiscal year 2022 (FY22) July 1, 2022 thru June 30, 2023 is fiscal year 2023 (FY23) (Note: The year at the end of June will be the Fiscal Year)

Once you have determined that a prior fiscal year refund is needed. Each FISCAL YEAR (FY) should be separated for both employee and State agency refunds.

For current fiscal year refund requests you will need to use the CURRENT FISCAL YEAR REFUND REQUEST FORMS for both Employee and State agency. (unless one or the other does not need to be refunded.)

For prior fiscal year refund requests you will need the PRIOR FISCAL YEAR REFUND REQUEST FORMS.

For prior calendar year refund requests you will need to use the prior year refund request forms found in the "Forms" section of the Benefits Administration Guide starting on page 36.

Administrative Guide 2022 June Final v3.pdf (mybenefitsnm.com)

Examples:

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These are your current fiscal year refund request forms. These forms will be used if you don't have any prior fiscal year refund requests.

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dress
ares
me Agency Code
Disability
Supplemental Life-Employee
Dependent Life-Spouse/Domestic Partner
Dependent Life-Child(ren)
Other
otter
Last Pay Period End Date (mm/dd/yyyy)
unt:
IAmount: 0.00

Current Fiscal Year Request for Refund Form (State Agency)

Da	ite:														
En	om.						Ph	one:							
11		Human Re	sources R	epresen	tative o	r Payroll Off	ficer	one							-
_							State Ag	ency							_
						5	State Agency	Addres	s						
_	Employ	ee ID					Employee	Name					Agency	Code	
-							1.5								
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In	order for	this reque	est to be p	rocesse	ed, a coj	py of the ap	plicable pay	roll de	duction	screen a	ind spre	eadsheet	must be	e attached.	
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If	your age	ency has	an OPI	R exen	nption	, please fi	ll out the	necess	ary wa	arrant i	nform	ation b	elow.		
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Date

EBB Approval:_____

-When processing your refunds you will need to include an excel spreadsheet detailing each pay period ending (PPE), with the premium amounts deducted from the employees pay advice per PPE. This will include the amount that was paid and what should have been deducted for both (Employee refund and State agency refund). The spreadsheet can be found on the DFA website under forms.

Central Payroll Bureau | New Mexico Department of Finance and Administration (state.nm.us)

-Make sure the employee did not receive a pay rate increase or move into a different tier under the benefits Bi-Weekly contribution schedule. If so you will need to adjust the spreadsheet with correct deductions and attach the correct Bi-Weekly contribution schedule.

Business Unit:		Pay Group	CLS	Deduction	Check Box 1
Employee Name:		Current Date		Refund	Check Box 2
Employee ID:					
	EMP	LOYEE REFUND	_		Taxable DP
PPE	Benefit Plan Type	Amount Employee Paid	that should have been paid	EMPOYEE WILL BE REFUNDED	Mark only if Taxable Domestic Partner Refund
	PRESP	, inconcernpicy certain			
	DELTP				
	VISNP				
	PRESP				
	DELTP				
	VISNP				
	PRESP				
	DELTP				
	VISNP				
	ADMIN				
	STDIS				
	PRESP				
	DELTP				
	VISNP				
				Total	Taxable DP
Sub Totals	PRESP	\$0.00	\$0.00	\$0.00	
	DELTP	\$0.00	\$0.00	\$0.00	
	VISNP	\$0.00	\$0.00	\$0.00	
	ADMIN	\$0.00	\$0.00	\$0.00	
	STDIS	\$0.00	\$0.00	\$0.00	
TOTAL				\$0.00	
Sub Totals	VISNP VISNP PRESP DELTP VISNP ADMIN STDIS PRESP DELTP VISNP ADMIN PRESP DELTP VISNP VISNP VISNP VISNP ADMIN STDIS	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Total \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Taxable DP

Business Unit:		Pay Group:		Deduction:	Check Box 1				
Employee Name:		Current Date:		Refund:	Check Box 2				
Employee ID:									
	STATE	TE AGENCY REFUND							
ppr	Dara - St. Dian Tuna	Amount State Agency	Amount that should have been	STATE AGENCY					
РРЕ	Benefit Plan Type	Paid	paid	WILL BE REFUND					
	PKESP								
	DELIP								
	VISNP								
	PRESP								
	DELTP								
	VISNP								
	PRESP								
	DELTP								
	VISNP								
	ADMIN								
	STDIS								
	PRESP								
	DELTP								
	VISNP								
				Total					
Sub Totals	PRESP	\$0.00	\$0.00	\$0.00					
	DELTP	\$0.00	\$0.00	\$0.00					
	VISNP	\$0.00	\$0.00	\$0.00					
	ADMIN	\$0.00	\$0.00	\$0.00					
	STDIS	\$0.00	\$0.00	\$0.00					
TOTAL				\$0.00					

-Log into SHARE HCM > Nav-Bar > Menu > Payroll for North America > Payroll Processing USA > Review Paycheck
-Enter employee SHARE ID number and click search.
-Click on pay period end date being refunded.
-Click on paycheck deductions.

The deduction sheet should look like the example below.

view Payche	ck						Page 1 of
Employee S	elf Service	Re	view Payc	heck		the Set	
Paygheck Earnings	Paycheck Taxes	Paycheck Deductio	ons				
Empl ID	Name .	10 87	Period End. 11/2	5/2010 Page 507	Line	13	Senarate Cher
Paycheck Infor	mation	i i i i i i i i i i i i i i i i i i i	renou chu i n	Sizo is rage sor	Payche	ck Totals	
Paych	eck Status Confirmed	Pa	wcheck Option	Advice		Earnings	932.36
	Lanua Data 11/22/2010	Pa	check Number	765 29 97		Taxe s	62.25
Off Cycle	Reprint	Adjustment	Correcte	d 🗌 Cashed		Net Pay	215.77 654.34
- Deductions			Persor	alize Find View 8	201 00	First 1-1-	of 14 Last
Deduction Detail	Is 1 Deduction Detail	s 2 Deduction De	etails 3				
Deduction Code	Description		Class		Amount •	c	alculated Base
MEDPRE	Medical Pre Tax		Nontaxable Bene	fit	446.37		
PERA	PERA Retirement		Nontaxable Bene	fit	160.74		932.36
MEDPRE	Medical Pre Tax		Before-Tax		111.59		
PERA	PERA Retirement		Before-Tax		83.17		932.36
DENPRE	Dental Pre Tax		Nontaxable Bene	fit	23.86		
RETHC	Retiree Health Care		Nontaxable Bene	fit	18.65		932.36
RETHC	Retiree Health Care		After-Tax		9.32		932.36
DENPRE	Dental Pre Tax		Before-Tax		5.96		
DISAB	Disability		After-Tax		4.56		2,020.09
VISPRE	Vision Pre Tax		Nontaxable Bene	fit	4.18		
BASIC	Basic Life Insurance		Nontaxable Bene	fit	2.04		50,000.00
VISPRE	Vision Pre Tax		Before-Tax		1.04		
ADMIN	GSD/RMD Admin Fee	e	Nontaxable Bene	fit	0.50		
ADMIN	GSD/RMD Admin Fe	B	After-Tax		0.13		
Garnishment	ts						
- Net Pay Dist	tribution		Pe	rsonalize Find View		First 4	1 of 1 🕩 Las
Check/AdviceNumb	Account Typ	e Bank I	D	AccountNumber			Amount
1000 C	Checking						654.34
			ALC: NO.				

ERISA EMAIL

Make sure the email from ERISA is included if they stated that a refund is needed to be processed for a employee and state agencies.

From: Jessica Dillon <idillon@easitpa.com> Sent: Friday, January 27, 2023 11:29 AM To: PED Cc: Benefits-Refunds, EBB, GSD <EBB.Benefits-Refund@gsd.nm.gov>; Lawrence, Crystal, GSD <Crystal.Lawrence2@gsd.nm.gov>; SONM <SONM@easitpa.com>; Sisneros, Ronald, GSD <ronald.sisneros@gsd.nm.gov> Subject: [EXTERNAL] John Doe SHARE ID# 999999 Refund Request CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments. Hello Employee John Doe (999999) had a child turn 26 in December of 2021 and was removed from benefits 1/1/2022 however the tier did not change correctly in Share from Employee & Family to Employee & Spouse . This has been corrected yesterday 1/26/2023 from an error report from Delta Dental to reflect Employee & Spouse for Dental, and Vision effective 1/1/2022. Please process a refund request for the difference in premiums for the pay periods accordingly for pay period ending 1/22/2022 to current. *Please contact your Human Resources Department for more information on your refund request. *Please refer to the Refund Section XV: Page 28, in the Admin Guide located at: https://www.mybenefitsnm.com/Documents/FINAL-Benefits%20Admin%20Guide Jan2015.PDF. *HR's; IF the refund request is for prior calendar year and/or 5 or more pay periods of the current calendar year, please forward all supporting documents and completed refund request forms to EBB.Benefits-Refund@state.nm.us. Upon RMD's review the documentation will be forwarded to CPD. For questions please contact 505-827-2036. Jessica Dillon Erisa Administrative Services, Inc. E-Mail: jdillon@easitpa.com (505) 244-6000 ext. 109 Office: Tollfree: (855) 618-1800 Fax: (505) 244-6009 This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original e-mail. Include the Premium Contribution Schedule(s) for each specific Fiscal Year that is being refunded for both employee refund and State agency refund.

Put a check red mark on the amounts that were deducted and what should have been deducted from the payroll check per pay period ending (PPE).

				JULY 1, 2	DF NEW M	30, 2020 IEXICO			
			BI-V	VEEKLY CO	NTRIBUTIO	ON SCHEDUL			
		EMPLO	YEE ONLY S	OVERAGE				1	
		S	alary	Sa	lary	Sala	iry		
	GROSS	Employee	State	SSOK to	State	SGOK an	dOver	1	
	RATE	20%	80%	30%	70%	40%	50%	1	
Presbyterian - HMO	247.9	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.59	\$ 99.19	\$ 148.79		
BCBS - HMO	247.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.55	\$ 99.19	\$ 148.79		
Delta Dental	288.37	\$ 298	\$ 230.73	\$ 86.52	\$ 201.87	\$ 115.36	\$ 173.03		
Davis Vision	2.77	\$ 0.55	\$ 2.22	\$ 0.83	\$ 1.94	\$ 1.11	\$ 1.66		
		EMPLOYEE	PLUS SPOU	SE COV BRAC	E	10		1	
		Si larr di	alary Stok	Sa CSOF to	lary cto o por	Sala	ny Louis		
	GROSS	Employee	State	Employee	State	Employee	State		
	RATE	20%	80%	30%	70%	40%	60%		
Presbyterian - HMO	\$ 557.96	\$ 111.59	\$ 446.37	\$ 167.39	\$ 390.57	\$ 223.18	\$ 334.78		
BLBS - HMO	\$ 557.96	\$ 111.59	\$ 446.37	\$ 167.39	\$ 390.57	\$ 223.18	\$ 334.78		
Delta Dental	\$ 29.82	\$ 5.96	\$ 23.86	\$ 8.95	\$ 20.87	\$ 11.92	\$ 17,90		
Davis Vision	\$ 5.22	\$ 1.04	\$ 4.18	\$ 1.57	\$ 3.65	\$ 2.09	\$ 3.13		
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	-	1	Less than \$5	Ok	\$	50K to \$59,995	ж		\$60K and Ove
	GROSS	EE Pre	EE After	State	EEPre	E After	State	EE Pre	EE After
Presbyterian - HMO	\$ 557.96	\$ 49.00	\$ 62.00	\$ 446.36	\$ 74 90	6 92.99	5 100 10	40%	¢ 123 00 . 4
BCBS - HMO	\$ 557.96	\$ 49.60	\$ 62.00	\$ 446.36	\$ 74.39	\$ 92.99	\$ 390.58	\$ 99.19	\$ 123.99 \$
BCBS - PPO	\$ 648.93	\$ 57.68	\$ 72.11	\$ 519.14	\$ 86.52	\$ 108.16	\$ 454.25	\$ 115.36	\$ 144.21 \$
Delta Dental	\$ 29.82	\$ 2.98	\$ 2.98	\$ 23.86	\$ 4.48	\$ 4.47	\$ 20.87	\$ 5.97	\$ 5.96 \$
	RATE	20%	80%	30%	70%	Emp loyee	50%		
Presbyterian - HMO BCBS - HMO BCBS - PPO	RATE \$ 446.37 \$ 446.37 \$ 519.13	20% \$ 89.27 \$ 89.27 \$ 89.27 \$ 103.83	80% \$ 357.10 \$ 357.10 \$ 415.30	30% \$ 133.91 \$ 133.91 \$ 155.74	70% \$ 312.46 \$ 312.46 \$ 363.39	40% \$ 178.55 \$ 178.55 \$ 207.65	50% \$ 267.82 \$ 267.82 \$ 311.48		
Presbyterian - HMO BOBS - HMO BOBS - PPO Delta Dental Davis Vision	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21	80% \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 4.86	30% \$ 133.91 \$ 133.91 \$ 155.74 \$ 10.29 \$ 1.82	70% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25	Employee <u>40%</u> \$ 178.55 \$ 178.55 \$ 207.65 \$ 13.72 \$ 2.43	50% \$ 267.82 \$ 267.82 \$ 311.48 \$ 20.59 \$ 3.64		
Presbyterian - HMO BCBS - HMO BCBS - PPO Delta Dental Davis Vision	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21	80% \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 4.86 MILY COVER	30% \$ 133.91 \$ 133.91 \$ 155.74 \$ 10.29 \$ 1.82	70% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25	40% \$ 178.55 \$ 178.55 \$ 207.65 \$ 13.72 \$ 2.43	50% \$ 267.82 \$ 267.82 \$ 311.48 \$ 20.59 \$ 3.64		
Presbyterian - HMO 9085 - HMO 8085 - PPO Delta Dental Davis Vision	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 <u>FA</u> \$ 3	80% \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 4.86 Mill Y COVER	30% \$ 133.91 \$ 133.91 \$ 155.74 \$ 10.29 \$ 1.82 AGE \$ 3	70% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25	Employee <u>40%</u> \$ 178.55 \$ 178.55 \$ 207.65 \$ 13.72 \$ 2.43 \$ 2.43	50% \$ 267.82 \$ 267.82 \$ 311.48 \$ 20.59 \$ 3.64		
Presbyterian - HMO 905 - HMO 8055 - PPO Delta Dental Davis Vision	RATE \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 <u>FA</u> Sa Less th Employment	80% \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 4.86 MILY COVER lary an \$50k 9ate	30% \$ 133.91 \$ 133.91 \$ 155.74 \$ 10.29 \$ 1.82 \$ 1.82 \$ 50K to	70% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25	Employee <u>40%</u> \$ 178.55 \$ 178.55 \$ 207.65 \$ 13.72 \$ 2.43 \$ 2.43 \$ 5alar \$ 5ook an Employee	50% \$ 267.82 \$ 267.82 \$ 311.48 \$ 20.59 \$ 3.64		
Presbyterian - HMO BOBS - HMO BOBS - PPO Dolta Dental Davis Vision	RATE \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07 GROSS RATE	20% \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 [EA] \$ 5 Less th Employee 20%	80% \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 4.86 MILY COVEP lary an \$50k State 80%	30% \$ 133.91 \$ 133.91 \$ 155.74 \$ 10.29 \$ 1.82 \$ 1.82 \$ 50K to Employee 30%	70% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25 ary \$ 59,999K \$ 59,999K \$ 51ate 70%	Employee 40% \$ 178.55 \$ 178.55 \$ 207.65 \$ 13.72 \$ 2.43 \$ 243 \$ 500K ans Employee 40%	50% 5 267.82 5 267.82 5 267.82 5 311.48 5 20.59 5 3.64 7 7 7 6 Over State 60%		
Presbyterian - HMO BOS - HMO BOS - PPO Deita Dental David Vision Presbyterian - HMO	RATE \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 <u>FA</u> Sa Less th Employee <u>20%</u> \$ 146.31	80% \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 4.86 MILY COVER lary an \$50k \$tate <u>80%</u> \$ 585.23	30% \$ 133.91 \$ 133.91 \$ 155.74 \$ 10.29 \$ 1.82 tAGE \$ 33 \$50K to Employee 20% \$ 219.46	70% \$ 312.46 \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25 \$ 4.25 \$ 59,999K \$ 512.08	Employee 40% \$ 178.55 \$ 178.55 \$ 207.65 \$ 13.72 \$ 2.43 \$ 243 \$ 50% and Employee 40% \$ 292.62	50% 5 267.82 5 267.82 5 267.82 5 311.48 5 20.59 5 3.54 7 7 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8	~	
Prodysterian - HMO BCBS - HMO BCBS - PHO BCBS - PHO Data Dental David Vision Prosb yterian - HMO BCBS - HMO BCBS - PHO	RATE \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54 \$ \$ 250.41	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 <u>FA</u> Less th Employee <u>20%</u> \$ 146.31 \$ 146.31	80% \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 4.86 MILY COWN an \$50k \$ state <u>80%</u> \$ 585.23 \$ 585.23	30% \$ 133.91 \$ 133.91 \$ 155.74 \$ 10.29 \$ 1.82 AGE \$ 250K to Employee 20% \$ 219.46 \$ 219.46	70% \$ 312.46 \$ 312.46 \$ 312.46 \$ 303.39 \$ 24.02 \$ 4.25 \$ 4.25 \$ 512.08 \$ 512.08	Employee <u>40%</u> \$ 178.55 \$ 178.55 \$ 207.65 \$ 13.72 \$ 243 \$ 243 \$ 5alar \$ 500K and Employee <u>40%</u> \$ 292.62 \$ 292.62	50% 50% 5 267.82 5 267.82 5 267.82 5 311.48 5 20.59 5 31.64 7 7 7 7 7 7 7 7 7 7 7 7 7	×	
Produyterian - HMO BCIS - HMO BCIS - PPO Delta Dental Denta Vision Produ yila riban - HMO BCIS - HMO BCIS - HMO BCIS - PPO Delta Dental	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54 \$ \$ 64.27	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 <u>[A</u> 5 12] <u>[A</u> 5 12] <u>5 120</u> 5 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 120.17 \$ 8.9%	80% \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 4.86 MILY COVER an \$50k \$ state 80% \$ 585.23 \$ 585.23 \$ 680.66 \$ 35.74	30% \$ 133.91 \$ 133.91 \$ 133.91 \$ 10.29 \$ 1.82 \$ 10.29 \$ 1.82 \$ 50K to Employee 20% \$ 219.46 \$ 219.46 \$ 255.25 \$ 13.47	70% \$ 312.46 \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25 \$ 4.25 \$ 59,999K \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 595.58 \$ 595.58	Employee 40% 5 178.55 \$ 178.55 \$ 207.65 \$ 13.72 \$ 243 \$ 243 \$ 208 arc Employee 40% \$ 282.62 \$ 282.62 \$ 340.33 \$ 178.55 \$ 207.65 \$ 207.65 \$ 2.83 \$ 3.83 \$ 3.	50% 50% 5 267.82 5 267.82 5 267.82 5 311.48 5 20.59 5 3.64 7 7 7 7 7 7 7 7 7 7 7 7 7	Y	
Prodbyterian - HMO BO35 - HMO BO35 - PPO Deita Dental Davis Vision Prosblyterian - HMO BC55 - HMO BC55 - HMO BC55 - PPO Deita Dental Davis Vision	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54 \$ 85.083 \$ 44.74 \$ 7.69	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 EA 53 Leas th Employee 20% \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 120.17 \$ 120.17 \$ 120.17 \$ 120.17 \$ 120.17 \$ 146.31 \$ 120.17 \$ 120.17 \$ 146.31 \$ 120.17 \$ 146.31 \$ 146.31 \$ 146.31 \$ 15.15 \$ 15.15\$\$\$ 15.15\$\$\$ 15.15\$\$\$ 15.15\$\$\$ 15.15\$\$\$ 15.15\$\$\$ 15.15\$\$\$ 15.15\$\$\$\$ 15.15\$\$\$\$ 15.15\$\$\$\$ 15.15\$\$\$\$\$ 15.15\$\$\$\$\$\$ 15.15\$\$\$\$\$\$\$\$\$\$	80% \$ 357.10 \$ 455.30 \$ 27.45 \$ 4.86 MILY COVER lary an \$50k \$ state 80% \$ 585.23 \$ 585.23 \$ 680.66 \$ 35.79 \$ 615	30% \$ 133.91 \$ 133.91 \$ 10.29 \$ 1.82 \$ 10.29 \$ 1.82 \$ 250K to Employee 20% \$ 219.46	70% \$ 312.46 \$ 312.46 \$ 313.246 \$ 313.246 \$ 313.246 \$ 313.246 \$ 34.02 \$ 4.25 \$ 4.25 \$ 4.25 \$ 4.25 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 513.28 \$ 513.28 \$ 535.58	Employee \$ 178.55 \$ 178.55 \$ 178.55 \$ 137.25 \$ 137.25 \$ 137.25 \$ 243 : \$ 326 :	5025 5025 5267.82 5267.82 5311.48 520.59 53144 54352 53145 5315 5	2	
Produyterian - HMO BCBS - HMO BCB	RATE \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54 \$ 735.54 \$ 74.74 \$ 7.69	20% \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 IA \$ 3 Leas th Employee 20% \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31	80% \$ 357.10 \$ 415.30 \$ 27.45 \$ 486 Bary an \$50k \$ state 80% \$ 585.23 \$ 585.23 \$ 585.26 \$ 585.23 \$ 585.26 \$ 585.23 \$ 585	30% \$ 133.91 \$ 133.91 \$ 155.74 \$ 10.29 \$ 1.82 \$ 250k to Employee 32% \$ 219.46 \$ 219.46 \$ 219.45 \$ 255.25 \$ 13.42 \$ 2.31	70% \$ 312.46 \$ 312.46 \$ 303.39 \$ 24.02 \$ 4.25 \$ 59,999K \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 535.58 \$ 31.32 \$ 5.38	Employee \$ 178.55 \$ 178.55 \$ 278.55 \$ 278.55 \$ 278.55 \$ 137.25 \$ 137.25 \$ 243 1 \$ 243 1 \$ 243 1 \$ 560K and Employee \$ 292.62 \$ 340.33 \$ 179.05 \$ 179.05 \$ 100.05 \$ 100.05 \$ 292.62 \$ 340.33 \$ 100.05 \$ 100.05\$ \$ 100.05\$\$ 1	5026 5026 5267.82 5267.82 5311.46 520.59 531.46 5311.46 520.59 531.46 531.50 531	2	
Prodbyteckan - HMO BOBS - HMO BOBS - HMO BOBS - PHO Delta Dental Davis Vision Prodbyteckan - HMO BOBS - HMO BOBS - PHO Delta Dental Davis Vision	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54 \$ 850.83 \$ 457.44 \$ 731.54 \$ 850.83 \$ 457.44 \$ 7.69	20% \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 EAS Employee \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 120.154 Employee EAS EXECUTE	80% \$ 357.10 \$ 415.30 \$ 27.45 \$ 485 \$ 585.23 \$ 5	30% \$ 133.91 \$ 133.91 \$ 135.74 \$ 10.29 \$ 1.82 \$500 to Employee 20% \$ 219.46 \$ 219.46 \$ 219.46 \$ 219.46 \$ 219.46 \$ 219.46 \$ 13.42 \$ 13.42 \$ 13.57 \$ 13.42 \$ 2.57 \$ 13.42 \$ 2.57 \$ 13.42 \$ 2.57 \$ 13.57 \$ 13.57 \$ 2.57 \$ 13.57 \$ 2.57 \$ 13.57 \$ 13.57 \$ 15.57 \$ 15.57 \$ 15.57 \$ 15.57 \$ 15.57 \$ 10.29 \$ 1.82 \$ 10.29 \$ 2.19,46 \$ 2.19,46 \$ 2.29,46 \$ 2.29,465 \$ 2.29,57 \$ 2.29,166 \$ 2.29,166 \$ 2.29,176 \$ 2	70% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.25 \$ 5.26 \$ 5.25 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26\$ \$ 5.2	Employee 40% \$ 178.55 \$ 178.55 \$ 207.65 \$ 207.65 \$ 207.65 \$ 13.72 \$ 2.43 \$ 2.55 \$ 2.55 \$ 2.55 \$ 2.43 \$ 2.55 \$ 2.55 \$ 2.55 \$ 2.55 \$ 2.43 \$ 2.55 \$ 2.55 \$ 2.55 \$ 2.55 \$ 2.43 \$ 2.55 \$ 2.	50% 50% 5267.82 5267.82 5311.48 520.59 53148 520.59 53148 520.59 53148 520.59 53148 5438.92 5538.92 5438.92 5438.92 5538.92 5538.92 5538.92 5438.92 55558.92 555555555555555555555555555555555555		Salary
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Produytecian - HMO BOIS - HMO BOIS - HMO BOIS - Dental Devis Dental Devis Vision Produyterian - HMO BOIS - HMO BOIS - PHO Delta Dental Devis Vision	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 519.13 \$ 519.13 \$ 519.13 \$ 519.13 \$ 519.13 \$ 519.13 \$ 519.13 \$ 519.13 \$ 6.07 GROSS RATE \$ 731.54 \$ 7.09 \$ 519.14 \$ 7.09 \$ 519.15 \$ 519.55 \$ 519.55\$ \$ 519.55\$ \$ 519.55\$ \$ 519.55	20% \$ 89.27 \$ 103.83 \$ 6.86 \$ 121 fA Less th Employee 20% \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 120.17 \$ 8.95 \$ 1.5 f A	80% \$ 357.10 \$ 415.30 \$ 415.30 \$ 27.45 \$ 27.55 \$ 27.55 \$ 27.55 \$ 27.55 \$ 585.23 \$ 585.23 \$ 585.25 \$ 27.05 \$ 27.05 \$ 585.23 \$ 585.23 \$ 585.25 \$ 27.05 \$ 27.05 \$ 27.45 \$ 27.45 \$ 27.45 \$ 27.95 \$	30% \$ 133.91 \$ 133.91 \$ 135.74 \$ 10.29 \$ 20.46 \$ 219.46 \$ 219.46\$ \$ 219.46	20% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25 \$ 4.25 \$ 4.25 \$ 4.25 \$ 54.208 \$ 512.08 \$ 512.08\$ \$ 512.08\$ \$ 512.08\$ \$ 512	Employee 5 178.55 5 178.55 5 207.65 5 207.65 5 207.65 5 207.65 5 207.65 5 207.65 5 207.65 5 207.65 5 207.65 5 208.45 5 208.	50% 50% 5267.82 5267.82 5311.48 520.59 531.48 520.59 531.48 5438.92 5538.92 55	L I EE Pre	Sələry ŞSDK and Over EE After
Prodbyterian - HMO 903 - HMO 903 - HMO 903 - Dental Dania Utalion Prodbyterian - HMO 903 - PHO 903 - Dental Danis Malion	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54 \$ 731.54 \$ 7.69 GROSS RATE \$ 731.54 \$ 7.69 CROSS	20% \$ 89.27 \$ 103.83 \$ 6.86 \$ 121 FA Sa Less th Employee 20% \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 1.54 EM E M E M	80% \$ 357.10 \$ 415.30 \$ 27.45 \$ 27.55 \$ 27.55	30% \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$219.46 \$219.46 \$219.46 \$225,25 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.42 \$255,25 \$13.91 \$155,74 \$155,74 \$10,29 \$139,91 \$10,29 \$219,46 \$255,55 \$13,42 \$255,55 \$155,555 \$155,555\$\$155,555\$ \$155,555\$ \$155,555\$\$1555	20% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 4.25 \$ 59,999% \$ 512.08 \$	Employee 5 178.55 5 178.55 5 207.65 5 178.55 5 13.72 5 207.65 5 13.72 5 207.65 5 13.72 5 207.65 5 13.72 5 202.62 5 202.62 5 202.62 5 202.62 5 202.62 5 300 4m 5 300 4m	50% 50% 5267.82 5267.82 5267.82 5311.48 520.59 531.48 520.59 531.48 540.59 531.48 5438.92 552.59	2 EE Pre <u>5000</u>	Salary S60K and Over EE After
Predvyterine 1860 803 - 1960 2015 - 1970 2015 Bortol 2016 Mision Predvyterine - 1860 8015 - 1970 2016 Bortol Data Bortol Data Bortol Data Bortol 2016 Mision Predvyterine - 1860 803 - 1970	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 446.37 \$ 519.13 \$ 6.07 GROSS RATE \$ 731.54 \$ 850.89 \$ 450.89 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54	2025 5 89.27 5 89.27 5 89.27 5 89.27 5 89.27 5 89.27 5 89.27 5 103.83 5 103.83 5 1.21 5 1.21 5 1.21 5 1.21 5 1.25 5 8.35 5 8.4.35 5 8.4.5	80% \$ 357.10 \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 415.30 \$ 27.45 \$ 415.30 \$ 27.45 \$ 415.30 \$ 27.45 \$ 4.86 Mit Y COVEP State \$ 35.79 \$ 585.23 \$ 595.23 \$ 595.	30% \$133.91 \$133.91 \$135.74 \$10.29 \$182 \$506 to Employee \$219.46 \$2219.46 \$223.55 \$219.46 \$223.55 \$225 \$255.555.55 \$25	20% \$ 312.46 \$ 312.46 \$ 303.39 \$ 24.02 \$ 4.25 \$ 24.02 \$ 4.25 \$ 59,999% \$ 512.08 \$ 51	Employee 40% \$ 178.55 \$ 178.55 \$ 207.65 \$ 209.65 \$ 300.87 \$ 209.65 \$ 209.95 \$ 209.65 \$ 209.95 \$ 209.65 \$ 209.65 \$ 209.65 \$ 209.65 \$ 209.65 \$ 209.65 \$ 209.65 \$ 209.65 \$ 209.65 \$ 207.65 \$	50% 50% 5267.82 5267.82 5267.82 5267.82 5311.48 5311.48 5311.48 5311.48 5311.48 5311.48 5311.64 5438.92 5438.92 5510.50 526.84 5438.92 5510.50 5512.07 5512.07	EE Pre <u>40%</u> \$ 168.62 \$ 168.62	Salany \$50X and Over EE After \$ 122.99 \$ \$ 123.99 \$
Prodyterian - HMO 503 - HMO 2033 - HMO 2013 Dental Data Vision Data Vision Cattle - HMO 2015 - HMO 2015 - HMO 2015 - HMO 2015 - HMO	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 34.13 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 733.54 \$ 731.54 \$ 733.54 \$ 733.54 \$ 733.54 \$ 733.54 \$ 733.54 \$ 735.54 \$ 735.54 \$ 735.54 \$ 735.54 \$ 735.54 \$ 735.54	2025 \$ 89.27 \$ 89.27 \$ 89.27 \$ 103.83 \$ 6.86 \$ 1.21 EA Employee 2026 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 120 2026 \$ 84.32 \$ 84.32 \$ 98.06	80% \$ 357.10 \$ 357.10 \$ 357.10 \$ 357.10 \$ 357.10 \$ 357.10 \$ 27.45 \$ 415.30 \$ 27.45 \$ 415.30 \$ 27.45 \$ 415.30 \$ 27.45 \$ 4.86 \$ 4.86 \$ 4.86 \$ 4.86 \$ 585.23 \$ 585.23 \$ 585.23 \$ 680.66 \$ 535.79 \$ 6.15 \$ 557.71 \$ 61.99 \$ 61.99 \$ 61.99 \$ 72.11	30% \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$255.25 \$13.42 \$255.255.25 \$255.25 \$2	20% \$ 312.46 \$ 312.46 \$ 303.39 \$ 24.02 \$ 4.25 \$ 24.02 \$ 24.02 \$ 54.02 \$ 54.02	Employee 5, 178,55 5, 178,55 5, 207,65 5, 13,72 5, 207,65 5, 13,72 5, 207,65 5, 13,72 5, 207,65 5, 13,70 5, 207,65 5, 207,95 5, 20	5128 5056 5267.82 5267.82 5267.82 5267.82 5267.82 5311.68 526.9 531.68 531.68 548.92 531.0	EE Pre <u>40%</u> \$ 188.62 \$ 188.62 \$ 186.62	Salary 50K and Over EE After \$ 123.99 \$ \$ 123.99 \$
Prodyterian - HMO (035 - HMO 2053 - HMO Data Dantal Data Unitian Data Unitian Califs - HMO 2014 Central Data Central Data Central Data Central Data Central Data Central Data Central Data Central Data Central Data Central	RATE \$ 446.37 \$ 446.37 \$ 519.13 \$ 446.37 \$ 519.13 \$ 446.37 \$ 540.57 \$ 519.13 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54	2025 5 89.27 5 89.27 5 89.27 5 103.83 5 68.65 5 68.65 5 1.21 5 68.65 5 1.21 5 1.21 5 8.55 5 146.31 5 170.17 5 8.95 5 146.31 5 146.31 5 1.54 EM6 EM6 EM6 5 98.06 5 98.06 5 98.06 5 98.06 5 98.06 5 98.06 5 98.06 5 98.06 5 98.06 5 98.07 5 98.06 5 98.07 5	80% \$ 357.10 \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 415.30 \$ 415.30 \$ 415.30 \$ 415.30 \$ 415.30 \$ 415.30 \$ 415.30 \$ 485.21 \$ 585.23 \$ 585.23 \$ 585.23 \$ 585.23 \$ 680.66 \$ 35.79 \$ 61.59 \$ 5 61.99 \$ 61.99 \$ 61.99 \$ 61.99 \$ 61.99 \$ 72.111 \$ 2.98	30% \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$133.91 \$5,74 \$255.25 \$13.42 \$255.25 \$13.42 \$255.25 \$13.42 \$255.25 \$13.42 \$255.23 \$585.23 \$595.23 \$595.23 \$595.23 \$595.23	20% \$ 312.46 \$ 312.46 \$ 312.46 \$ 312.46 \$ 312.46 \$ 312.46 \$ 32.40 \$ 4.25 20% \$ 24.02 \$ 4.25 20% \$ 24.02 \$ 4.25 20% \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 53.38 PARTNER: \$ 25.38 PARTNER: \$ 20% \$ 126.48 \$ 126.48	Employee 5 178.55 5 178.55 5 207.65 5 137.25 5 137.25 5 243 5 447 5 447	5 30% 5 207,82 5 207,82 5 207,82 5 207,82 5 311,84 5 20,59 5 311,84 5 20,59 5 311,84 5 20,59 5 31,84 6 408,52 5 25,54 6 408,52 5 25,55 8 5,55 8 5,555 8 5,555 8 5,555 8 5,555 8 5,555 8 5,555	EE Pre 50% \$ 168.62 \$ 168.62 \$ 158.124	Salary 500K and Over EE After \$ 123.99 \$ \$ 123.99 \$ \$ 123.99 \$ \$ 123.99 \$ \$ 123.99 \$
Produkterian - HMO 003 - HMO 003 - HMO Delta Dental Dela Vision Dela Vision Calla - HMO Calla - HMO Calla - HMO Calla - HMO Dela Vision Produkterian - HMO Calla -	RATE \$ 446.37 \$ 446.37 \$ 19.13 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54 \$ 850.83 \$ 44.74 \$ 7.69 GROSS RATE \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54	2026 5 69-27 5 69-27 5 103.83 5 68-65 5 1.21 Employees 2026 5 146.31 5 146.31 5 146.31 5 146.31 5 146.31 5 146.31 5 146.31 5 146.31 5 146.31 5 154 Employees 5 84.32 5 88.32 5 88.32	BOX \$ 357.10 \$ 357.10 \$ 357.10 \$ 357.10 \$ 357.10 \$ 357.10 \$ 435 \$ 27.43 \$ 27.43 \$ 4.85 \$ 4.85 \$ 27.43 \$ 4.85 \$ 4.85 \$ 27.43 \$ 4.85 \$ 27.43 \$ 555.23 \$ 51.99 \$ 72.11 \$ 2.98 \$ 2.98 \$ 2.98	30% \$ 133.91 \$ 219.46 \$	2025 \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 512.65 \$ 512.65 \$ 512.68 \$ 512.68\$\$\$ 512.68\$\$\$ 512.68\$\$\$ 512.68\$\$\$ 512.68\$\$\$ 512.68\$\$\$ 512.68\$\$\$ 512.68\$\$\$ 512.68\$	Employee 5, 178,55 5, 178,55 5, 178,55 5, 178,55 5, 137,27 5, 137,27 5	5 3026 5 207,82 5 207,82 5 207,82 5 207,82 5 20,59 5 311,84 5 20,59 5 311,84 5 20,59 5 31,84 6 488,92 5 20,59 5 3,64 6 488,92 5 20,59 5 3,64 6 488,92 5 20,59 5 3,64 6 488,92 5 20,59 5 3,64 6 488,92 5 20,59 5 20,59 5 3,64 6 488,92 5 20,59 5 20,59 5 3,64 6 488,92 5 20,59 5 3,64 6 488,92 5 20,59 5 3,64 6 488,92 5 20,59 5 3,64 6 488,92 5 20,59 5 3,54 6 488,92 5 20,59 5 3,54 6 488,92 5 20,59 5 3,54 6 488,92 5 20,59 5 3,54 6 489,92 5 20,59 5 3,54 6 468,92 5 20,59 5 3,54 6 468,92 5 20,59 5 3,54 6 468,92 5 20,59 5 3,54 6 469,92 5 20,59 5 3,54 6 469,92 5 20,59 5 3,54 6 3,520 7 0,54 5 3,540 5 3,540	EE Pre <u>50%</u> 5 168.52 5 168.52 5 159.12 5 119.41 5 2.09	Salary 50K and Over EI After \$ 121.99 \$ \$ 142.99 \$ \$ 142.99 \$ \$ 142.91 \$ \$ 142.91 \$ \$ 3.44.11 \$ \$ 3.56 \$ \$.566
Prodyterian - HMO K05 - HMO Calta Dental Calta Dental Calta Dental Calta Vision Prodyterian - HMO Calta Calt	RATE \$ 446.37 \$ 19.13 \$ 446.37 \$ 19.13 \$ 466.37 \$ 34.31 \$ 6.07 GROSS RATE \$ 731.54 \$ 731.54 \$ 731.54 \$ 250.83 \$ 44.74 \$ 7.69 GROSS RATE \$ 731.54 \$ 250.83 \$ 44.74 \$ 7.69 GROSS RATE \$ 731.54 \$ 731.54 \$ 2.60 \$ 731.54 \$ 73	2005 5 69.27 5 69.27 5 103.88 5 6.86 5 1.21 100.17 2005 1 463.31 5 1463.31 5 1463.31 5 1463.31 5 1463.31 5 1463.31 5 1463.31 5 1463.31 5 1.22 170.17 5 8.25 5 8.45,22 5 8.45,22	8252 \$ 357,100 \$ 357,100 \$ 507,100 \$ 415,300 \$ 27,45 \$ 415,300 \$ 27,45 \$ 415,300 \$ 27,45 \$ 415,300 \$ 27,45 \$ 415,300 \$ 27,45 \$ 415,300 \$ 27,45 \$ 415,300 \$ 563,25 \$ 563,25 \$ 563,26 \$ 563,25 \$ 560,66 \$ 563,25 \$ 563,26 \$ 563,25 \$ 563,26 \$ 563,25 \$ 563,26 \$ 563,25 \$ 563,26 \$ 563,25 \$ 563,26 \$ 563,26 \$ 35,79 \$ 563,26 \$ 57,711 \$ 2,98 \$ 7,211 \$ 2,98 \$ 7,211 \$ 2,98 \$ 7,211 \$ 2,98 \$ 6,09 \$ 2,90 \$ 7,211 \$ 2,98 \$ 6,09 \$ 3,07 \$ 7,211 \$ 3,07 \$ 7,211 \$ 3,07 \$ 7,211 \$ 3,07 \$ 7,211 \$ 3,07 \$ 7,211	30% \$13391 \$135,47 \$13991 \$155,47 \$155,47 \$155,47 \$0,22 \$1,22 \$1,22 \$1,22 \$2,12 \$	70% \$ 312.46 \$ 312.46 \$ 363.39 \$ 24.02 \$ 3226 \$ 3226 \$ 3226 \$ 3226 \$ 3226 \$ 3226 \$ 3226 \$ 3226 \$ 312.64 \$ 312.64 \$ 3.137 \$	Employee 40% \$ 178.55 \$ 207.65 \$ 207.65 \$ 207.65 \$ 137.25 \$ 137.25 \$ 2.43 \$ 2.59,999 \$ 2.59,999 \$ 2.54,07 \$ 2.92,99 \$ 3.447 \$ 2.94,07 \$ 3.447 \$ 3.437 \$ 3.447 \$	5 267.82 5 2	EE Pre <u> <u> 40%</u> 5 108.62 2 5 108.62 5 1154 5 2.09</u>	Salary 50K and Over EE After \$ 121.99 \$ \$ 142.99 \$ \$ 142.99 \$ \$ 142.91 \$ \$ 142.91 \$ \$ 3.96 \$ \$.5.96 \$ \$.5.96 \$
Prodytecies 1990 (205 - 1900 (205 - 1900 (RATE 5 446.37 5 446.37 5 39.13 5 34.31 5 6.07 GROSS RATE 5 731.54 5 731.54 5 84.34 5 73.54 5 44.74 5 731.54 5 44.74 5 80.83 RATE 5 731.54 5 44.57 8 44.3 8 44.4 5 731.54 5 44.57 8 44.4 5 731.54 5 44.57 8 44.57 8 44.57 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	2005 5 89.27 5 89.27 5 89.27 5 89.27 5 6.86 5 1.82 5 6.86 5 1.82 1.82 1.82 5 6.86 5 1.82 1.82 1.82 5 1.463 1 1.90,17 5 1.463 1 1.90,17 5 1.463 1 1.63 5 1.63 5 1.63 5 1.63 5 .57 5 .5	805 8 357 10 8 357 10 8 357 10 8 357 10 8 415 30 8	30% \$ 13391 \$ 1354 \$ 13391 \$ 13574 \$ 13574 \$ 13574 \$ 13574 \$ 1029 \$ 209 46 \$ 219	70% \$ 312.46 \$ 302.37 \$ 302.97 \$ 302.97 \$ 302.97 \$ 302.97 \$ 302.97 \$ 302.97 \$ 4.25 \$ 4.25 \$ 4.25 \$ 4.25 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 512.08 \$ 12.648 \$ 12.648\$\$ 12.64	Employee 5 178.55 5 207.65 5 207.65 5 207.65 5 3.37.25 5 3.37.25 5 3.37.25 5 3.37.25 5 222.62 5 222.62 5 222.62 5 222.62 5 3.08 Cmployee 5 222.62 5 3.08 Cmployee 5 222.62 5 3.08 Cmployee 5 3.08 Cmployee 5 222.62 5 3.08 Cmployee 5 3.08 Cm	5 267.82 5 207.82 5 207.	EE Pre <u> </u>	Salary 500 And Ove El Añer \$ 123.99 \$ \$ 123.99 \$ \$ 123.99 \$ \$ 124.21 \$ \$ 5.46 \$ \$ 0.98 \$
Prodyterion - HMO K05 - HMO K05 - HMO Data Dental Data Shrini Data Shrini Data Shrini Citis - HMO K05 - HMO	RATE 8 446.37 \$ 446.37 \$ 319.13 \$ 38.31 \$ 34.31 \$ 34.31 \$ 34.31 \$ 34.31 \$ 34.31 \$ 34.31 \$ 34.31 \$ 731.54 \$ 731.54	2005 5 89.27 5 89.27 5 0.86 5 6.86 5 1.22 5 6.86 5 1.22 1.22 5 6.86 5 1.22 1.22 5 6.86 5 1.22 1.22 5 6.86 5 1.22 5 1.25 5 1.22 5 1.25 5	805 \$ 357.10 \$ 357.10 \$ 357.10 \$ 455.30 \$ 455.30 \$ 27.45 \$ 20.45 \$ 20.45 \$ 565.23 \$ 565.23 \$ 565.23 \$ 565.25 \$ 565.25	30% 333-91 \$ 133-91 133-91 \$ 135-91 135-74 \$ 135-92 132-22 \$ 102-22 5 \$ 205-26 213-84 \$ 205-26 213-84 \$ 213-84 32-22 \$ 213-84 3 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 213-84 5 \$ 555:20 5 \$ 55:52 5 \$ 55:52 5 \$ 50:00:50 5 \$ 50:00:50 5 \$ 50:00:50 5 \$ 50:00:50 5 \$ 50:00:50 5 \$ 50:00:50 5	2025 \$ 312.46 \$ 316.39 \$ 316.39 \$ 316.39 \$ 316.30 \$ 316.30\$\$ 316.3	Employee 5 178.55 5 207.65 5 207.65 5 207.65 5 137.25 5 2.43 5 2.44 5 3.047 5 3	5 300 5 267,82 5 30,59 5 3	2 EE Pre 5 196.52 5 196.52 5 196.12 5 196.12 5 196.12 5 196.12 5 196.12	Salary 500X and Ove EE After \$ 121.99 \$ \$ 121.99 \$ \$ 121.99 \$ \$ 145.41 \$ \$ 0.98 \$
Prodyterion - HMO K035 - HMO Cells - HMO Cells - Bental Cells - HMO Cells - HM	RATE \$ 4463.7 \$ 4463.7 \$ 5453.7 \$ 5133.3 \$ 5 433.1 \$ 5 460.7 RATE \$ 733.54 \$ 733.54 \$ 733.54 \$ 733.54 \$ 733.54 \$ 735.55 \$ 733.54 \$ 5 733.54 \$ 5 733.54	2026 2025 2 89,27 2 19,327 2 19,327 3 6,86 5 1,22 1 20,2 2 20,2 2 164,31 2 10,2 2 1	805 805 10 8 387 10 8 387 10 8 387 10 8 387 10 8 27,45 8 2,45 8 2,	30% \$ 138.91 \$ 138.91 \$ 135.74 \$ 138.91 \$ 135.74 \$ 135.74 \$ 10.29 \$ 219.44 \$ 2000 to \$ 219.44 \$	2025 \$ 312.46 \$ 316.39 \$ 312.46 \$ 316.39 \$ 312.46 \$ 316.39 \$ 312.64 \$ 316.39 \$ 312.65 \$ 316.26 \$ 316.26 \$ 316.26 \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ 316.26 \$ \$ \$ 316.26 \$ \$ \$ 316.26 \$ \$ \$ 316.26 \$ \$ \$ 316.26 \$ \$ \$ 316.26 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employee 5 178.55 5 178.55 5 278.55 5 278.55 5 278.55 5 278.55 5 278.55 5 137.25 5 137.	5 30 5 50 5 50 5 50 5 5 2 67.82 5 2 67.82 5 2 67.82 5 2 67.82 5 2 67.82 5 2 67.82 5 2 67.82 5 2 67.85 5 2	EE Pro \$ 108.62 \$ 108.62 \$ 108.12 \$ 108.2 \$ 209	Salary 500X and Over 12 After \$ 121.99 \$ \$ 121.90 \$ \$ 1
Prodytecies - HMO 4035 - HMO 4035 - HMO 4045 Anntal Colesi Maian Actin - HMO Actin - HmO	RATE \$ 4463.7 \$ 4463.7 \$ 4463.7 \$ 4539.3 \$ 3539.3 \$ 3433.3 \$ 4637 \$ 3433.3 \$ 4637 \$ 733.5 \$ 735.5 \$ 735.5 \$ 735.5 \$ 735.5 \$ 7409 \$ 7409	2005 5 89.27 5 89.27 5 89.27 5 0.38,38 5 0.38,38 5 103,88 5 104,98 5	805 \$ 357.10 \$ 357.10 \$ 415.30 \$ 27.45 \$ 27	20% \$ 133.91 \$ 133.91 \$ 133.91 \$ 133.91 \$ 133.91 \$ 135.74 \$ 135.74 \$ 10.22 \$ 10.23 \$ 10.23 \$ 10.23 \$ 10.22 \$ 219.46 \$ 219.46 \$ 225.22 \$ 219.45	2025 \$ 312.46 \$ 312.49 \$ 312.49 \$ 312.49 \$ 312.49 \$ 312.49 \$ 312.49 \$ 312.49 \$ 32.40 \$ 34.02 \$ 34.02 \$ 34.02 \$ 55.0999(\$ 55.0999(\$ 12.46 \$ 12.47.09 \$ 12.46 \$ 12.47.09 \$ 12.47.09\$\$ 12.47	Employee 30% 5 178-55 5 207-65 5 179-55 5 207-66 5 137-2 5 5 137-5	State 5004 5 267,82 267,82 5 267,82 267,82 5 31,46 3.66 7 00-er 5 31,66 3.66 700 0-er 5 31,66 3.66 6 38,82 26,84 5 310,30 26,84 5 312,07 5.312,07 5 312,07 5.312,07 5 312,07 5.312,07 5 312,07 5.312,07 5 312,07 5.312,07 6 38,82 5.33,88 91,02 5.33,88 90,02 5.33,88 91,02 5.33,88 91,02 5.33,88 91,02 5.33,88 91,02 5.33,88 91,02 5.33,88 92,02 5.34	EE Pre 5 184.822 5 184.822 5 1154 5 1154 5 1154	Salary 50X and Ove EE After \$ 121.99 \$ \$ 3.90 \$ \$ 0.90 \$ \$ 0

			JUL 5	Y 1, 2022 - TATE OF N	JUNE 30, 2 EW MEXIC	023				
			BI-WEEK	LY CONTRI	BUTION SC	HEDULE				
		MPLOYEE OF	NLY COVER	IAGE						
		Less tha	n \$50k	\$50K to	\$59,999K	\$60K a	nd Over			
	GROSS	Employee	State	Employee	State	Employee	State			
Presidentian - MMC	RATE OF	20%	5 10%	30%	70%	40%	6.0%			
BCBS - HMO	\$ 247.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.59	\$ 99.19	\$ 148.79			
Cigna-HMO	\$ 245.50	\$ 49.10	\$ 196.40	\$ 73.65	\$ 171.85	\$ 98.20	\$ 147.30			
BCBS - PPO	\$ 288.39	\$ \$7.68	\$ 230.71	\$ 86.52	\$ 201.87	\$ 115.36	\$ 173.03			
Delta Dental	\$ 14.92	\$ 2.98	\$ 11.94	\$ 4.48	\$ 10.44	\$ 5.97	\$ 8.95			
DyeMed	\$ 2.77	\$ 0.55	\$ 2.22	\$ 0.83	\$ 1.94	\$ 1.11	\$ 1.65			
	EMP	LOYEE PLUS	SPOUSE CO	VERAGE						
		Sala Less tha	n SSDk	Sal SSOK to	SS9,999K	Section 2	ary nd Over			
	GROSS	Employee	State	Employee	State	Employee	State			
Bank darden 1840	RATE	20%	80%	30%	70%	40%	60%			
Presbytenan - HMO	\$ 557.96	\$ 111.59	\$ 445.37	\$ 167.39	\$ 190.57	\$ 223.18	\$ 334.78			
Cigna-HMO	\$ 552.38	\$ 110.48	\$ 441.90	\$ 165.71	\$ 385.67	\$ 220.95	\$ 331.43			
BCBS - PPO	\$ 648.93	\$ 129.79	\$ 519.14	\$ 194.68	\$ 454.25	\$ 259.57	\$ 389.36			
Cigna-PPO Delta Dectal	5 642.44	5 128.49	\$ 513.95	\$ 192.73	5 449.71	5 256.98	\$ 17.89			
EyeMed	\$ 5.22	\$ 1.04	\$ 4.18	\$ 157	\$ 1.65	\$ 2.09	\$ 3.13			
								•		
		EMPLOY	Salary	OMESTIC PA	ARTNER [EM	Salary	POUSE		Salary	
		Le	ss than \$54	Dk:	\$5	OK to \$59,91	ISK.		\$60K and Over	_
	GROSS	20%	LE After	State 80%	20%	CE After	5tate 70%	40%	LE After	60%
Presbyterian - HMO	\$ 557.96	\$ 49.59	\$ 62.00	\$ 446.37	\$ 74.40	\$ 92.99	\$ 390.57	\$ 99.19	\$ 123.99 \$	334.7
BCBS - HMO	\$ 557.96	\$ 49.59	\$ 62.00	\$ 446.37	\$ 74.40	\$ 92.99	\$ 390.57	\$ 99.19	\$ 123.99 \$	334.3
Cigna-HMO	\$ 552.38	\$ 49.10	\$ 61.38	\$ 441.90	5 73.65	\$ 92.06	\$ 386.67	\$ 98.20	\$ 122.75 \$	331.4
Cima-PPD	\$ 642.44	\$ \$7.10	\$ 71.39	\$ 513.95	5 85.65	\$ 107.08	\$ 449.71	5 114.21	\$ 142.77 \$	385.4
Delta Dental	\$ 29.82	\$ 2.98	\$ 2.98	\$ 23.86	\$ 4.48	\$ 4.47	\$ 20.87	\$ 5.97	\$ 5.96 \$	17.0
EyeMed	\$ 5.22	\$ 0.55	\$ 0.48	\$ 4.19	\$ 0.83	\$ 0.74	\$ 3.65	\$ 1.11	\$ 0.98 \$	3.1
	GROSS	Sala Less tha Employee	n SSDk State	Sal \$50K to Employee	State	Sal SBOK a Employee	ary nd Over State			
	RATE	20%	SON-	30%	70%	40%	60%			
Presbytenan - HMC	5 446.37	5 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82			
Cigna-HMO	\$ 441.91	\$ 88.38	\$ 353.53	\$ 132.57	\$ 309.34	\$ 176.76	\$ 265.15			
BCBS - PPO	\$ 519.13	\$ 103.83	\$ 415.30	\$ 155.74	\$ 363.39	\$ 207.65	\$ 311.48			
Cigna-PPO	\$ 513.94	\$ 102.79	\$ 411.15	\$ 154.18	\$ 359.76	\$ 205.58	\$ 308.36			
EveMed	\$ 6.07	\$ 1.21	\$ 4.85	\$ 1.82	\$ 4.25	\$ 2.43	\$ 3.64			
		Sala	TY	Sa	land					
		Lana the	C C C C C C C C C C C C C C C C C C C							
	GROSS	Employee	State	Employee	State	SECK a	nd Over State			
	GROSS	Employee 20%	State BO%	Employee 30%	\$59,999K State 70%	\$60K a Employee 40%	nd Over State 60%			
Presbyterian - HMO	GR055 RATE \$ 731.54	Employee 20% \$ 145.31	State 80% \$ 585.23	500K fb Employee <u>30%</u> \$ 219.46	\$50,099K State <u>70%</u> \$ 512.08	\$60K a Employee 40% \$ 292.62	5 438.92			
Presbyterian - HMD Bess - HMO Cleve MMO	GROSS RATE \$ 731.54 \$ 731.54 \$ 731.54	Employee 20% \$ 146.31 \$ 146.31 \$ 146.31	State <u>80%</u> \$ 585.23 \$ 585.23 \$ 585.23	550k to Employee 30% \$ 219.46 \$ 219.46 \$ 219.27	\$50,000K State <u>70%</u> \$ \$12.08 \$ \$12.08	\$60K a Employee <u>40%</u> \$ 292.62 \$ 292.62 \$ 292.62	5 438.92			
Presbyterian - HMO BCBS - HMO Cigna-HMO BCBS - PPO	GROSS RATE \$ 731.54 \$ 731.54 \$ 724.22 \$ 850.83	Employee 20% \$ 146.31 \$ 146.31 \$ 144.84 \$ 170.17	State 80% \$ 585.23 \$ 585.23 \$ 579.38 \$ 680.66	550K 10 Employee 30% \$ 219.46 \$ 219.46 \$ 217.27 \$ 255.25	\$59,999K State <u>70%</u> \$ 512.08 \$ 512.08 \$ 506.95 \$ 505.58	\$60K a Employee 40% \$ 292.62 \$ 292.62 \$ 299.69 \$ 340.33	d Over State <u>60%</u> \$ 438.92 \$ 438.92 \$ 438.92 \$ 438.53 \$ 510.50			
Presbyterian - HMD 8085 - HMO Ogna-HMD 8085 - PPO Ogna-PPO	GROSS RATE \$ 731.54 \$ 731.54 \$ 724.22 \$ 850.83 \$ 842.32	Employee <u>20%</u> \$ 146.31 \$ 146.31 \$ 144.84 \$ 170.17 \$ 168.46	State <u>80%</u> \$ 585.23 \$ 585.23 \$ 579.38 \$ 680.66 \$ 673.86	508 to Employee <u>30%</u> \$ 219.46 \$ 219.46 \$ 217.27 \$ 255.25 \$ 252.70	\$59,999K State <u>70%</u> \$ \$12.08 \$ \$12.08	\$60K a Employee 40% \$ 292.62 \$ 292.62 \$ 292.62 \$ 299.69 \$ 340.33 \$ 336.93	d Over State <u>60%</u> \$ 438.92 \$ 438.92 \$ 438.92 \$ 438.53 \$ 510.50 \$ 505.39			
Presbyterian - HMD BCBS - HMO Ogna-HMO BCBS - PPO Ogna-PPO Delta Dental	GROSS RATE \$ 731.54 \$ 731.54 \$ 724.22 \$ 850.83 \$ 842.32 \$ 44.74	Employee 20% \$ 146.31 \$ 146.31 \$ 144.84 \$ 170.17 \$ 168.46 \$ 8.95	State <u>B0%</u> \$ 585.23 \$ 585.23 \$ 579.38 \$ 680.66 \$ 673.86 \$ 673.86 \$ 25.79	550K 10 Employee <u>30%</u> \$ 219.46 \$ 219.46 \$ 217.27 \$ 255.25 \$ 255.25 \$ 252.70 \$ 13.42	\$59,099K State <u>70%</u> \$ \$12,08 \$ \$12,08 \$ \$12,08 \$ \$06,95 \$ \$05,58 \$ \$89,62 \$ 31,32	\$60K a Employee 40% \$ 292.62 \$ 292.62 \$ 299.69 \$ 340.33 \$ 336.93 \$ 336.93 \$ 17.90	d Over State <u>60%</u> \$ 438.92 \$ 438.92 \$ 438.53 \$ 510.50 \$ 505.39 \$ 26.84			
Presbyterian - HMD 8CB - HMO 8CB - HMO 8CB - PPO Cigna-PPO Dotta Dental EyeMed	GROSS RATE \$ 731.54 \$ 731.54 \$ 724.22 \$ 850.83 \$ 842.32 \$ 842.32 \$ 44.74 \$ 7.69	Employee <u>2075</u> \$ 146.31 \$ 146.31 \$ 146.31 \$ 144.84 \$ 170.17 \$ 168.46 \$ 8.95 \$ 1.54	State <u>E0%</u> \$ 585.23 \$ 585.23 \$ 585.23 \$ 680.66 \$ 673.86 \$ 673.86 \$ 25.79 \$ 6.15	5508.10 Employee <u>30%</u> \$ 219.46 \$ 219.46 \$ 217.27 \$ 255.25 \$ 252.70 \$ 13.42 \$ 2.31	\$59,099K State <u>70%</u> \$ 512.08 \$ 512.08 \$ 505.58 \$ 565.58 \$ 589.62 \$ 31.32 \$ 5.38	\$60K a Employee <u>40%</u> \$ 292.62 \$ 292.62 \$ 289.69 \$ 340.33 \$ 336.93 \$ 37.90 \$ 3.05	state <u>52.85</u> <u>5438.92</u> <u>5438.92</u> <u>5438.53</u> <u>5510.50</u> <u>5505.39</u> <u>526.84</u> <u>5451</u>			
Presbyterian - HMD BCIS - HMO GCIS - HMO BCIS - PPO Cigna-PPO Digna-PPO Delta Devital SyeWed	GROSS RATE \$ 731.54 \$ 731.54 \$ 724.22 \$ 850.83 \$ 842.32 \$ 44.74 \$ 7.69	Employee 20% \$ 146.31 \$ 146.31 \$ 146.31 \$ 144.84 \$ 170.17 \$ 168.46 \$ 8.95 \$ 1.54 EMPLOYE	State <u>BON</u> 5 585-23 5 585-23 5 579-38 5 680-66 5 673.86 5 673.86 5 25.79 5 6.15 E PLUS DO	530K10 Employee <u>30%</u> \$ 219.46 \$ 219.46 \$ 217.27 \$ 255.25 \$ 255.25 \$ 13.42 \$ 2.31 MESTIC PAR	\$59,099K State 70% \$ 512.08 \$ 512.08 \$ 512.08 \$ 506.95 \$ 505.58 \$ 589.62 \$ 31.32 \$ 5.38 \$ 5.38	\$60K a \$60K a <u>40%</u> \$ 292.62 \$ 292.62 \$ 292.63 \$ 292.63 \$ 292.63 \$ 292.63 \$ 293.69 \$ 340.33 \$ 336.93 \$ 336.93 \$ 336.93 \$ 30.93 \$ 30.93 \$ 3.08 CHILDREN	ad Over State <u>60%</u> \$ 438.92 \$ 438.92 \$ 438.53 \$ 510.50 \$ 505.39 \$ 205.39 \$ 20.84 \$ 4.61 FAMILY			
Presbytenian - HMD BCBS - HMO Clana-HMO BCBS - PPO Clana-PPD Delta Dental DyeMed	GROSS RATE 5 731.54 5 731.54 5 724.22 5 850.83 5 842.32 5 842.32 5 44.74 5 7.69	Employee 20% \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 170.17 \$ 168.46 \$ 170.17 \$ 168.46 \$ 1.54 EMPLOYE	State <u>BON</u> 5 585.23 5 587.385 5 673.385 5 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	5308 10 Employee <u>3005</u> \$ 219.46 \$ 217.27 \$ 255.25 \$ 255.25 \$ 252.70 \$ 13.42 \$ 2.31 MESTIC PAP	\$59,099K State <u>70%</u> \$ \$12.08 \$ \$10.08 \$	\$600K a \$600K a Employee <u>40%</u> \$ 292.62 \$ 292.62 \$ 292.62 \$ 292.63 \$ 340.33 \$ 340.35 \$	ad Over 52 ate <u>60%</u> \$ 438.92 \$ 438.53 \$ 510.50 \$ 505.39 \$ 25.84 \$ 4.61 FAMILY		Salary Solary	
Presbyterian - HMD BCIS - HMO Clips-HMO Clips-HMO Clips-PPO Clips-PPO Dotta Dental SyeMed	GROSS RATE 5 731.54 5 731.54 5 734.22 5 850.83 5 842.32 5 842.32 5 7.69 GROSS	Employee 20% \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.84 \$ 170.17 \$ 168.46 \$ 1.54 EMPLOYE Le EE Pre	State <u>BON</u> \$ 585.23 \$ 585.23 \$ 585.23 \$ 680.65 \$ 680.65 \$ 673.86 \$ 673.86 \$ 673.86 \$ 673.86 \$ 673.86 \$ 673.86 \$ 615 E PLUS DO Salary sa than \$56 EE After	5308 10 Employee <u>3005</u> \$ 219.46 \$ 219.46\$ \$	539,099K State <u>70%</u> \$ 512.08 \$ 505.58 \$ 505.58 \$ 505.58 \$ 513.22 \$ 31.32 \$ 5.38 ETNER PLUS \$ 52 \$ 5.38 \$ 5.58 \$	SEOK a SEOK a Employee <u>40%</u> \$ 292.62 \$ 292.62 \$ 292.62 \$ 292.63 \$ 340.33 \$ 340.43 \$ 340.45 \$ 3	ad Over 52.ate <u>60%</u> \$ 438.92 \$ 438.53 \$ 510.50 \$ 505.39 \$ 25.84 \$ 4.61 FAMILY State \$ 2.ate	EE Pre	Salary \$00K and Over EE After	State
Presbytenian - HMD BCIS - HMO Class-HMO BCIS - PPO Class-PPO Class-PPO Detta Dental DyeMed	GROSS RATE \$ 731.54 \$ 724.22 \$ 850.83 \$ 842.32 \$ 44.74 \$ 7.69 GROSS RATE	Employee 2005 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.48 \$ 170.17 \$ 168.46 \$ 2.05 \$ 1.54 EMPLOYE Le EE Ple 2006	State <u>BON</u> \$ 585.23 \$ 585.23 \$ 579.38 \$ 680.66 \$ 673.86 \$ 25.79 \$ 6.15 E PLUS DO Salary sa than \$50 EE After	5308 (10) Employee <u>30%</u> \$ 219.46 \$ 219.46 \$ 219.46 \$ 219.27 \$ 255.25 \$ 252.70 \$ 13.42 \$ 2.31 MESTIC PAR Ok State <u>80%</u>	539,0998 State 70% 5 512.08 5 506.95 5 50	S60K a Employee 40% \$ 292.62 \$ 289.69 \$ 340.33 \$ 336.93 \$ 308 \$ 308 CHILDREN Salary OK to \$50,91 EE After	ad Over State <u>60%</u> \$ 438.92 \$ 438.92 \$ 438.53 \$ 505.39 \$ 26.84 \$ 4.61 FAMILY FAMILY State <u>70%</u>	EE Pre 40%	Salary \$00K and Over EE After	State 62%
Predyterian - HMO BCIS - HMO Capas HMO Capas HMO Capas PPO Dista Dental publied Predyterian - HMO	GROSS RATE \$ 731.54 \$ 731.54 \$ 734.32 \$ 850.32 \$ 842.32 \$ 842.32 \$ 842.32 \$ 842.32 \$ 842.32 \$ 842.32 \$ 842.32 \$ 842.32 \$ 842.32 \$ 7.69	Employee 2005 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.484 \$ 370.17 \$ 108.46 \$ 109.070 EMPLOYE Le EE Pre 2006 \$ 84.31 \$ 94.31	State <u>B0%</u> \$ 585.23 \$ 585.23 \$ 585.23 \$ 585.23 \$ 579.38 \$ 680.66 \$ 673.86 \$ 25.79 \$ 6.15 E PLUS DO Salary salary than \$50 EE After \$ 4 00 0 \$ 00 0 \$ 00 0 \$ 00 0 \$ 00 0 \$ 0 \$	5508 (10) Employee <u>30%</u> 5 219.46 5 219.46 5 219.46 5 219.46 5 219.46 5 219.46 5 219.46 5 219.46 5 22.51 5 231 MESTIC PAU Ok 5 51418 80% 5 51418	530,0090K State <u>70%</u> 5 512,08 5 522,08 5 520,08 5 500,95 5 500,95 5 500,95 5 500,95 5 500,95 5 500,95 5 500,95 5 512,08 5 512,09 5 512,00	500 * 8 500 * 8 Employee 40% \$ 292.62 \$ 292.62 \$ 292.62 \$ 299.69 \$ 300.31 \$ 335.93 \$ 335.93 \$ 30.88 CHILDREN Salary Sela	All Over State 60% 6 438.92 5 438.92 5 438.92 5 438.53 5 505.39 5 205.84 5 4.61 FAMILY State 20% 5.212.08	EE Pre 40% \$ 168.62	Salary \$00K and Over EE After \$ 121.99 \$	State 60%
Probleman - HMO Accis - Info Come HMO Scis - IPO Come HMO Octa Dental Pyelded Accis - IMO Accis - IMO	GROSS RATE \$ 731.54 \$ 731.54 \$ 731.54 \$ 850.82 \$ 850.84 \$ 724.22 \$ 850.84 \$ 724.22 \$ 850.84 \$ 724.22 \$ 850.84 \$ 724.24 \$ 731.54 \$ 731.54 \$ 731.54 \$ 731.54	Employee 2005 \$ 146.31 \$ 146.31 \$ 146.31 \$ 146.48 \$ 170.17 \$ 108.46 \$ 8.95 \$ 3.54 EMPLOYE Le EE Pre 2005 \$ 84.31 \$ 84.31 \$ 84.31 \$ 84.31	State <u>Box</u> State <u>Box</u> State <u>Box</u> State <u>State</u> State <u>State</u> State <u>State</u> State <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>Stat</u>	500 10 Employee \$ 219.46 \$ 219.46 \$ 219.46 \$ 219.46 \$ 219.45 \$ 219.55 \$ 219.45 \$ 219.45 \$ 219.55 \$ 219	\$30,000K State 70% \$ \$12,08 \$ \$1	\$60X = Employee <u>40X</u> \$ 282.62 \$ 282.62 \$ 282.62 \$ 282.62 \$ 340.33 \$ 340.33 \$ 336.93 \$ 3108 \$ 3108 \$ 3108 CHLOREN \$ 510.91 \$ 510.91 \$ 52.99 \$ 92.99 \$ 92.99	and Over State 60% \$ 438 92 \$ 5 310 50 \$ 5 310 50 \$ 5 310 50 \$ 5 310 50 \$ 5 30 50 \$ 458 92 \$ 458 92 \$ 5 310 50 \$ 5 5	EE Pre 42% \$ 168.62 \$ 168.62	Salary \$00k and Over E After \$ 123.99 \$ 123.99 \$ 123.99 \$ 123.99	State <u>60%</u> 438.1 438.1
Restructures - HMO BCR5 - HMO BCR5 - IPO BCR6 - IPO Detta Dental Spekfed Brashdenise - HMO BCR5 - HMO Clane HMO BCR5 - PO Clane HMO	GROSS RATE 5 73154 5 73154 5 72432 5 8533 5 84232 5 4437 5 789 GROSS RATE 5 73154 5 7253 RATE 5 73154 5 73154 5 73154 5 72425 8 5025 RATE	Errepiloyee 20% 2 346.31 5 146.31 5 146.44 5 170.17 5 182.45 5 1.5 5 1.5 EI Pre 20% 5 5 1.54 EL Pre 20% 5 84.31 5 84.31 5 84.31 5 84.31 5 84.31	State <u>Box</u> State <u>Box</u> State <u>Box</u> State <u>State</u> State <u>State</u> State <u>State</u> State <u>State</u> State <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u> <u>State</u>	500k 10 Employee <u>30%</u> 5 219.46 5 219.46 5 217.27 5 255.25 5 252.30 5 13.42 5 231 0k 5 13.42 5 231 0k 5 13.42 5 231 0k 5 13.42 5 231 0k 5 13.42 5 231 0k 5 13.42 5 231 5 13.42 5 231 5 13.42 5 231 5 13.42 5 231 5 13.42 5 231 5 13.42 5 13.42	\$10,009K State 7055 \$ \$12,08 \$ \$12,08 \$ \$12,08 \$ \$20,05 \$ \$00,05 \$ \$00,05 \$ \$00,05 \$ \$00,05 \$ \$12,08 \$ \$00,05 \$ \$00,05 \$ \$00,05 \$ \$12,08 \$ \$00,05 \$ \$00,05 \$ \$12,08 \$ \$00,05 \$ \$00,05 \$ \$12,08 \$ \$147,009 \$ \$	\$60X # Employee 40X \$282.62 \$282.62 \$282.62 \$340.33 \$40.55,93 \$22.99 \$92.99 \$92.99 \$92.99 \$92.99 \$92.99	and Over Scale <u>60%</u> \$ 438.92 \$ 438.92 \$ 438.92 \$ 438.92 \$ 530.50 \$ 505.39 \$ 25.84 \$ 4.61 FAMILY FAMILY	EE Pre <u>477</u> \$ 168.62 \$ 168.62 \$ 168.62 \$ 166.94 \$ 106.12	Salary \$60K and Over EE After \$ 122.00 \$ \$ 122.75 \$ \$ 124.21 \$	State 60% 438.3 438.3 530.0
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Restricteres - HMO BCRS - HMO BCRS - IPO BCRS - IPO Data Duratal protects - HMO BCRS - HMO Claras HMO BCRS - HMO Claras HMO Claras - HM	GRDSS RATE \$ 721.54 \$ 721.54 \$ 724.54 \$ 726.02 \$ 800.83 \$ 48.74 \$ 7.89 GRDSS RATE \$ 731.54 \$ 7.89 \$ 7.89 \$ 7.89 \$ 7.89 \$ 7.89 \$ 7.89 \$ 7.154 \$ 7.154 \$ 7.154 \$ 7.154 \$ 7.154 \$ 7.154 \$ 7.154 \$ 7.154 \$ 7.154 \$ 7.89 \$ 7.89 \$ 7.89 \$ 7.154 \$ 7.89 \$ 7.8	Employee 20% 5 146.31 5 146.4.31 5 146.4.31 5 146.84 5 170.17 5 184.45 5 1.54 TMPLOVT Los EPPe 20% 5 84.31 5 84.31	State <u>E775</u> \$ 585.23 \$ 579.38 \$ 673.86 \$ 773.86 \$ 773.86 \$ 773.86 \$ 773.86 \$ 773.86 \$ 773.16 \$	Solid ID 200 ID	\$10,009K State 2025 \$ 512,08 \$ 512,08 \$ 512,08 \$ 512,08 \$ 500,95 \$ 500,95 \$ 500,95 \$ 500,95 \$ 500,95 \$ 500,95 \$ 500,95 \$ 512,08 \$ 500,95 \$ 5	\$60X # Ereplayee 40% \$282.62 \$282.62 \$282.63 \$293.53 \$203.53 \$	a dover State <u>60%</u> \$438.92 \$458.92 \$458.92 \$458.92 \$459.92 \$459.92 \$459.92 \$459.92 \$555.98	EE Pre 42% \$ 168.62 \$ 168.62 \$ 166.54 \$ 105.12 \$ 104.6 \$ 104.13	Solary \$60% and Over EE After \$ 223.00 \$ \$ 222.75 \$ \$ 144.21 \$ \$ 144.21 \$ \$ 144.21 \$	State 60% 438. 438. 530. 505. 26.
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All Premium Rate Sheet can be found on the State of New Mexico | Group Benefits (mybenefitsnm.com)

Notification to Terminate Benefits Due to Non-Payment of Premiums

RMD Prior Calendar Year Refund Request Form (Employee) RMD Prior Calendar Year Refund Request Form (Agency)

POP Waiver Form (State) PREMIUM RATE SHEETS – STATE

W-9 Form Instructions W-9 New Form

Premium Payment OPR Transmittal



OPR COVERSHEET

The OPR coversheet is used for AGENCY REFUND REQUEST only on current/prior calendar/fiscal year.

1. Top line is GSD financial stream.

2. The second line is the Agencies financial stream which is provided on the state agency refund form which includes the Bus unit, Fund, Dept., account code, Bud Ref, and Class code.



This is the order in which the Current calendar or Prior fiscal year (FY) refund request packet should go.

- 1. Cover sheets, which are the Employee and State Agency refund request forms.
- 2. Summary Spreadsheet
- 3. Review Paycheck deductions per pay period ending and refunding.
- 4. Email from ERISA
- 5. Bi-Weekly Contribution Schedule per each pay period ending in question.
- 6. Any odd backup that may be needed for the refund request by ASD.
- 7. For State agency refund request you will need the OPR cover sheet showing what fund and agency the refund needs to be refunded to. (follow the backup above)
- 8. Once all refunds are complete and paid save them in the G:Drive/Ben-Ins/Benefit Financials/Premium Refunds and the Fiscal year were are currently in. Make sure to log them in the log

All refunds need to be saved in the G:Drive/Ben-Ins/Benefit Financials/Premium Refunds in the fiscal year were are currently in. Make a folder with employees name and add both refund request for employee and state agency in folder.

You will also need to make sure you log them in the log which is also in the same location under CY 23 logs.

File Home Share View				~ (
← → ▼ ↑ 🔤 « RMD G Drive (G:)	> BEN_INS > Benefit Financials > Premium Ref	unds > FY23 Refunds	ٽ ~	م
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🕂 Downloads 🛛 🖈	Brejcha, Lisa	2/28/2023 1:49 PM	File folder	
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	VI OPR 2023.xlsx	4/3/2023 3:36 PM	Microsoft Excel W	385 KB

Example of how the refund packet should look like. Employee Refund for Current fiscal year

	INV#				·
	Employee: (Current Yea	r Request	For Re ft	ind Form
	Current Year	r Refun	d Requ	est Fo	orm (Employ
Date: 1/26/2023					
From Terese Vigil		Phon	(505) 469	9-5936	
Human Resour	res Representative or Payroll (Officer			
Office of the State Au	ditor				
2540 Comino Edward	Ortiz Sulto A Sonta E	State Agence	y		
2540 Carrino Edward	Offiz, Suite A, Salita Pe	State Agency Ad	dress		
312760	John Doe				30800
Employee ID		Employee Na	ime		Agency Code
Please select the benefit option	to be refunded:				
Administr	ative Fee		Disability		
Presbyter	ian		Supplemen	ntal Life-E	mployee
Blue Cros	s Blue Shield	\checkmark	Dependen	t Life-Spo	use/Domestic Partne
<mark>.</mark> ✓ Delta Der	ital		Dependen	t Life-Chil	d(ren)
EyeMed			Flexible Sp	ending Pl	an (FSA)
Pariod:	01/06/2023			01/	06/2023
First Pay	Period End Date (mm/dd/yyyy	0		ast Pay Per	ind End Date (mm/dd/vvvv)
Employee Portion:				1	
SHARE HOM Code:	PRESP	Amo	unt:	\$85.55	,
SHARE HCW Code:	DELTP	Amo	unt:	\$3.13	
SHARE HCW Code:		Amo	unt:	\$.49	200000000000000
SHARE HCM Code:	SPUPE	Amo	unt:	\$2.30	t rearran
SHARE HCM Code:		Amo	unt:		
SHARE HCM Code:		Amo	unt:		20
SHARE HCM Code:		Amo	unt:		
SHARE HCM Code:		Amo	unt:	-	
SHARE HCM Code:		Amo	unt:		
SHARE HEIM Code.		Tota	Amount:	\$01.53	
	be processed, a copy of the	applicable pay	roll deduction	screen and	d spreadsheet must be
n order for this request to					
n order for this request to ttached.					
n order for this request to ttached.		2			
n order for this request to ttached. Brief Explanation of l	Refund Request:FY202	3		This	
n order for this request to stached. Brief Explanation of I Employee had qualify	Refund Request FY202	3 spouse effect	tive 12/19/2	2. This e	mployee refund for o
n order for this request to ttached. Brief Explanation of l Employee had qualify ay period of overpaic	Refund Request:FY202 ing event and dropped l benefit payments.	3 spouse effec	tive 12/19/2.	2. This e	mployee refund for o

Employee Name

Address City/State/Zip Code

FOR GSD/ASD USE ONLY: A copy should be sent to Brisa without attachments Revised 3/5/2020 G:Drive/BensIns/Forms

Employee Summary page-Spreadsheet

Business U	nit	30800		Pay Group	CLS	Deduction	Check Box 1		
Employee I	Name:	e	1	Current Date	1/26/2023	Refund	Check Box 2		
Employee I	D:		-						
	e de gente	Employee Sha	ire		Taxable DP		State	Share	- 1
PPE	Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference	Mark only if Taxable DP	Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference
1/6/2023	PRESP	\$219.46	\$133.91	\$85.55	V	PRESP	\$512.08	\$312.46	\$199.62
	DELTP	\$13.42	\$10.29	\$3.13	V	DELTP	\$31.32	\$24.02	\$7.30
	VISNP	\$2.31	\$1.82	\$0.49	1	VISNP	\$5.38	\$4.25	\$1.13
	SPLIFE	\$2.36	\$0.00	\$2.36	~				
	DDESP	1				PRESP			
-	DELTP	1	1111111-111	Alexandra include		DELTP			
	VIEND	1				VIEND	-		
		1							
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	51015	<u> </u>		÷ • •		[I		
	PRESP	Г		Sector Constants		PRESP	r i		
	DELTP	1				DELTP			
-	VISNP					VISNP			
-									
Sections.		NEX SOL		Total	Taxable DP	100000000000000000000000000000000000000	STARK STAR		Total
Sub Totals	PRESP	\$219.46	\$133.91	\$85.55		PRESP	\$512.08	\$312.46	\$199.62
1	DELTP	\$13.42	\$10.29	\$3.13		DELTP	\$31.32	\$24.02	\$7.30
	VISNP	\$2.31	\$1.82	\$0.49		VISNP	\$5.38	\$4.25	\$1.13
5.00-	ADMIN	\$2.36	\$0.00	\$2.36		ADMIN	\$0.00	\$0.00	\$0.00
	STDIS	\$0.00	\$0.00	\$0.00		STDIS	\$0.00	\$0.00	\$0.00
TOTAL	11. A.		The second second second	\$91.53	1				\$208.05

Policy Exemption

You will need to work with your CFO to get the current policy exemption form per fiscal year.

A policy exemption will need to be attached to every current year refund request.

STATE OF NEW MEXICO DEPARTMENT OF FINANCE AND FINANCIAL CONTROL DIVISION

REQUEST FOR POLICY EXEMPTION

Check the appropriate policy request:

New Exemption _____ Existing Exemption _X___ Exemption Number ____ FY23-014

State the DFA/FCD policy, procedure, or memorandum from which you are requesting an exemption:

NMSA 1978,6-5-3 - Relating to proposed expenditures, and to Department of Finance and Administration purchase order process practices, in order to allow more timely payment of direct pass-through payments. Section 6-5-9 NMSA 1978 allows the Secretary of DFA to exempt State agencies from requirement of prior submission of purchase orders. FIN 5.2 D4 and D7, Disbursement Requirements - Balance sheet accounts — The processing of payments against balance sheet accounts will be allowed in custodial fund types. Payments against balance sheet accounts for a submission of payments against fund types must be approved through a policy exemption approved by the State Controller. Revenue Account Codes The processing of payments against revenue account codes will be allowed when court ordered or authorized for refunds. The payment voluchers are generated using the same revenue account code the fees were credited. Payment against revenue accounts in all fund types must be approved through a policy exemption request approved by the State Controller. FIN 4.2 Payment of Prior Year Expenditures to obtain written approval from FCD to pay prior year bills from a subsequent fiscal year's budget when the commitment is not encumbered or paid in SHARE in the correct fiscal year.

State the exemption requested and provide a complete justification:

GSD is requesting exemption from policy to taske diabursements of ferinda to employees or Local Public 8 odies (LPB) when an over paint of normatins has o coursed. Employee paid banefits for Stab and LPB's and their families from the when an over paint of normatins has o coursed. Employee paid banefits for Stab and LPB's and their families from the term and Long Term Disability and LIFe Insurance. In addition to overpayment, the request is also in accordance with Laws 2016 House Bill 43. The purchase order process requirements are more appropriate to typical operating purchases in which the purchase may be approved or denied but not in the case of employee benefit refunds. Use of the standard purchase order process creates unnecessary budget adjustment and purchase order delays, and provides no meaningful control and delays timely processing of amount owed. Balance sheet accounts, Disbursements from 251900 Unearned Revenues will be used for payments in excess of invoiced amounts and ecorded to account 251900 Unearned Revenue per FIN 11.5. Payments against revenue account codes 472302, insurance premiums are for Operating transfers between agencies where the fees were credited. Prior year approval is not applicable because there in based on a calendar year request and are approved by DFA Central Payrol utilizing the refund request form.

Fund Code	75200 and 56100	Business Unit 35000	_ Department	GSD
Date Exemption	Requested for:	7/1/2022-06/30/2023		
Signed by Requ For FCD Use O	esting Authority	: Cabinet Secretary/Agenc	Date: y Director)	<u>ulalae</u>
Approved by:	Donna M. Trujillo	Digitaliysigned by Donna M. Truji‼o Date: 2022.07.05 13:52:50-06'00'	Date:	
	(Financia June 30	Control Division Director) 0, 2023		

PAY ADVICE

Make sure you print every pay advices under review paycheck and check mark or highlight the amount being refunded.

Empl ID	Name			
Company NM	Pay Group CLS Pay Period End 0 1/0	16/2023 Page 60 Lir	ie 11	S
Paycheck Information Payoheck Status Is sue Date Off Cycle Re	Confirmed Paycheck Option Advice 01/13/2023 Paycheck Number 0435618 print Adjustment Corrected	Paycheck Tota Earn To Cashed Deduct Net	ntes Ings 2,171.69 axes 317.88 Jons 522.93 : Pay 1,330.88	
Deductions Try Q Deduction Details 1	Deduction Detgies 2 Deduction Details 3 III		1-20	≥of 20 ♥ j
	Description	Class	Amount	Calculate
DENPRE	Dental Pre Tax	Before-Tax	13.42	``
DENPRE	Dental Pre Tax	Nontaxab'e Benefit	31.32	
DEPLIF	Dependent Term Life	After-Tax	0.48	
DISAB	Disability	After-Tax	4.56	
MEDPRE	Medicat Pre Tax	Before-Tax	219.46	$\mathbf{)}$
MEDPRE	Medicat Pre Tax	Nonlaxab'e Benelit	512.08	
NMDEF	New Mexico Tax Deferred	Before-Tax	10.00	
PERA	PERA Retirement	Before-Tax	226.29	
PERA	PERA Retirement	Nontaxab'e Benefit	403.97	0.40
RETHC	Reliree Health Care	After-Tax	21.72	
RETHC	Relizee Health Care	Nontaxable Benefit	43.43	
SPLIFE	Spause/DP Life	After-Tax	2.36)
SUPLIF	Supplemental Term Life	After-Tax	20.16	1
VISPRE	Vision Pre Tax	Before-Tax	2.31)
VISPRE	Vision Pre Tax	Nontaxable Benefit	5.38	

ERISA EMAIL

Add after the pay advices.

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

Hello,

Employee submitted an enrollment form dated 1/29/24 dropping her spouse's benefits due to death effective 1/10/24. This was entered today.

This resulted in a tier change from empl/spouse to single. He was also removed from spouse life insurance.

Please process a refund for the pay period(s) accordingly.

*Employee, contact your Human Resources Department for more information on your refund.

*Refer to the Refund Section XV: Page 27, in the Admin Guide located at: https://www.mybenefitsnm.com/documents/Administrative_Guide_2022_June_Final_v3.pdf

*HRs: IF the refund request is for prior calendar year and/or 5 or more pay periods of the current calendar year, please forward all supporting documents and completed refund request forms to EBB.Benefits-Refund@state.nm.us. Upon RMD's review, the documentation will be forwarded to CPD. For questions, please contact 505-827-2036.

Thank you,

Erisa Administrative Services, Inc.

 email:
 jross@easitpa.com

 office:
 (505) 244-6000 x113

 tollfree:
 (855) 618-1800

 fax:
 (505) 244-6009

 hours:
 M-F | 8-5

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Bi-Weekly Contribution Schedule

Attach to show what was deducted and what should have been deducted. Make sure to highlight or check mark next to the amount.

Make sure you are using the correct bi-weekly contribution schedule for year needing the refund.

		JULY 1, 2022 -	JUNE 30, 20	23	
	81-W	EEKLY CONTR	IBUTION SCH	EDULE	
	EMPLOYEE ONLY CO	VERAGE			Т
	Salary	Salary	0004 6	Salary	
GROSS	Employce State	Employee	State Emp	loyee State	
RATE	20% 80%	30%	2025 40	<u>60%</u>	
BCBS -HMO \$ 247.98	\$ 49.60 \$ 198.38 \$ 49.60 \$ 198.38	\$ 74.39 \$	173.59 \$ 5	919 \$ 148.79	
Cigna HMO \$ 245,50	\$ 49.10 \$ 196.40	\$ 73.65 \$	171.85 \$ 5	8.20 \$ 147.30	
BCBS - PPO \$ 288.19	\$ 57.68 \$ 230.71	\$ 85.52 \$	201.87 5 11	4 70 5 171 31	
Dolta Dental \$ 14.92	\$ 2.98 \$ 11.94	\$ 4.48 \$	10.44 \$	5.97 \$ 8.95	
EyeMed \$ 2.77	\$ 0.55 \$ 2.22	\$ 0.83 \$	1.94 \$	1.11 \$ 1.66	<u>1</u>
-	EMPLOYEE PIUS SPOUS	E COVE RAGE		Salara	7
	Less than \$50k	\$50K to \$59	,999K 5	GOK and Over	
GROSS	Employee State	Employee	State Emp	loyee State	
Presbyterlan-HMO \$ 557.96	\$ 111.59 \$ 446.37	\$ 167.39 \$	390.57 \$ 23	23.18 5 334.78	
BCBS-HMO \$ 557.96	\$ 111.59 \$ 446.37	\$ 167.39 \$	390.57 \$ 2	23.18 \$ 334.78	8
BCBS-PPO \$ 648.93	\$ 129.79 \$ 519.14	\$ 194.68 \$	454.25 5 2	9.57 \$ 389.36	
Cigna PPO \$ 642.44	\$ 128.49 \$ 513.95	\$ 192.73 \$	449.71 \$ 25	56.98 \$ 385.40	8
Eventa Dental \$ 2982 EveMed \$ 5.22	\$ 5.96 \$ 23.86 \$ 1.04 \$ 4.18	\$ 1.57 \$	3.65 \$	209 \$ 313	
	Sabry	US DOMESTIC P	Sa INER (EMP	lary	2 Salary
	Less than \$5	Ok Chata I	\$50K to	\$59,999K	\$60X and Over
RATE	20%	80%	30% EE/	70%	40% 60%
Presbyterlan-HMO \$ 557.96	\$ 49.59 \$ 62.00	\$ 446.37 \$	74.40 5	92.99 \$ 390.57	\$ 99.19 \$ 123.99 \$ 334.78
BCRS - HMO \$ 557.96 ClenaHMO \$ 552.38	\$ 49.59 \$ 62.00 \$ 49.10 \$ 61.38	5 446.37 5	74.40 \$ 1	92.99 \$ 390.57	5 99.19 \$ 123.99 \$ 334.78 \$ 98.20 \$ 122.75 \$ 331.43
BCBS-PPO \$ 648.93	\$ 57.68 \$ 72.11	\$ 519.14 \$	86.52 \$ 16	08.16 \$ 454.25	\$ 115.36 \$ 144.21 \$ 389.36
Cigna-PPO \$ 642.44 Delta Dental \$ 29.82	\$ 2.98 \$ 2.98	\$ 51395 \$	448 4	447 6 20.8	\$ 114.21 \$ 142.77 \$ 385.46 C 5.97 C 5.95 C 1289
EyeMed \$ 5.22	\$ 0.55 \$ 0.48	\$ 4.19 \$	0.83 \$	0.74 5 3.65	\$ 1.11 \$ 0.98 \$ 3.13
EMP	LOYEE PLUS CHILD/CHE	DRENCOVERA	GE		7
	Salary Less than \$50%	Salary SSOK to \$59	1999Y	Salary	about
GROSS	Employee State	Employee	State Emp	dayee State	Detal
RATE	2016 8016	30%	2026 4	034 6034	
BCBS- HMO \$ 446.37	\$ 89.27 \$ 357.10	\$ 188.91 \$	312.46 \$ 1	78.55 \$ 267.82	
Cigna-HMO \$ 441.91	\$ 88.38 \$ 353.53	\$ 192.57 \$	309.34 5 1	76.76 \$ 265.15	101
Cigna PPO \$ 513.94	\$ 102.79 \$ 411.15	\$ 154.18 5.	359.76 \$ 2	05.58 \$ 308.30	Ande
Deta Dental \$ 34.31 Evented \$ 6.07	\$ 6.86 \$ 27.45	5 10.29 5	24.02 5	244 6 161	Ars -
		it Con	-		
	Salary	Salary		Solary	
	Less than \$50k	\$50K to \$59	999K	60K and Over	
GROSS	20% 80%	30%	70% 40	0% 60%	
Presbyterlan - HMO \$ 731.54	\$ 146.31 \$ 585.23	\$ 219.46 \$	512.08 \$ 2	92.62 5 438.93	2
Clgna-HMO \$ 731.54 Clgna-HMO \$ 724.22	5 146.31 5 585.23 \$ 144.84 \$ 579.38	\$ 219.46 \$	512.08 \$ 29	92.62 \$ 438.93 89.69 \$ 434.53	
8C85 - PPO \$ 850.83	\$ 170.17 \$ 680.65	\$ 255.25 \$	595.58 \$ 34	10.33 \$ 510.50	Part and a second se
Cigna PPO \$ 842,32 Octa Dental \$ 44.74	\$ 168.46 \$ 673.86 \$ 8.95 \$ 35.79	\$ 13,42 5	31.32 \$ 3	36.93 \$ 505.39 17.90 \$ 26.94	0.65
EyeMed \$ 7.69	\$ 1.54 \$ 6.15	\$ 2.31 \$	5.38 \$	3.08 \$ 4.61	
	EMPLOYEE PLU	S DOMESTIC PA	RTNER PLUS	HIDRENIFAMI	YL
	Salary Less than So	Dik	Sal SSOK to 1	SS9.999K	Salary \$60K and Over
GROSS	EEPre EEAfter	State	E EPre EE	After State	EE Pre EEAfter State
RATE Presbuterian - HMO	2006	5 585 23 6	176 47	20%	40%
8C85-HMO \$ 731.54	\$ 84.31 \$ 62.00	\$ 585.23 \$	126.47 5 1	2.99 \$ 512.00	\$ 168.62 \$ 123.99 \$ 438.93
Ogra HMO \$ 724.22	\$ 83.47 \$ 61.37	\$ 579.38 \$	125.21 \$ 5	2.06 \$ 506.95	\$ 166.94 \$ 122.75 \$ 434.53
Ggi a PPO \$ 850.83 Ggi a PPO \$ 842.32	\$ 98.06 \$ 72.11 \$ 97.07 \$ 71.39	\$ 673.86 \$	145.62 \$ 10	02.08 \$ 589.62	\$ 196.12 \$ 144.21 \$ \$10.50 \$ 194.16 \$ 342.77 \$ \$05.39
Oeka Dental \$ 44.74	\$ 5.97 \$ 2.98	\$ 35.79 3	8.95 \$	4.47 5 31.4	\$ 11.94 \$ 5.96 \$ 26.84
EyeMed \$ 7.69	5 1.05 \$ 0.49	5 6.15 8	1.57 \$	0.74 5.38	12 0.98 S 4.62
					- 2
					Deget
[GENERAL COVER	Salary		Salary	0
	GENERAL COVER Salary Less than \$50k	\$50X to \$59	,999K \$	Salary 60 K and Over	U
GROSS RATE	GENERAL COVER Salary Less than \$50k Employee State 2006 8036	Salary \$50X to \$59 Employee 30%	999K 5 State Emp	Salary KGOK and Over loyee State	
GROSS RATE & GROSS	GENERAL COVER Salary Less than \$50k Employee State 20% <u>80%</u> \$ 0.13 \$ 0.50	Salary \$50% to \$39 Employee 30% \$ 0.19 \$	999K S Slate Emp 70% <u>\$</u> 0.44 S	Salary 60 K and Over loyee State 04 <u>60%</u> 0.25 \$ 0.38	

Example of State Agency Refund.

Refund goes to ASD CFO. All highlighted areas need to be filled in.

					(1	Monetary	OPR RE	QUEST	r veen a	gencies)				
DATE			1/31/202	3											
REQUE	TED BY		Markita S	anchez											
APPRO	VED BY		Ivial kita 5	anchez											
DESCRI		Reason for t	ransfer)	_											
OPR For	Office of t	he State Audit	or agency l	Benefit re	fund on e	employee name	•								
BACK-UP X	P (Require Invoice(s) GSD Gen	ed or OPR wi) (must indicat erated Invoice	ll not be p te as "okay es - Quotes	rocessed to pay") are not as) ccepted a	nd the invoice	must be verfie	d as outst	anding.						
BUS				SUB	RPT			SOURCE	ANL	BUD		FUND		DEBIT	CREDIT
UNIT	FUND	DEPT	ACCT	ACCT	CAT	PROJECT	ACTIVITY	TYPE	TYPE	REF	CLASS	AFFIL	AFF	ENTRY	ENTRY
35000	75203	6005000000	547350							123	60000			\$208.0 <mark>5</mark>	
30800	11100	0203000000	520000							123	G0000				\$208.05
ADDITI	ONAL IN	FO												\$208.05	\$208.05
General L	edger Sta	ff Use:											I		
	Created B	вγ											ļ		
	OPR #												ł		
	Date to D)FA											ł		
	Approved	d by DFA											ł		
L													1		

State Agency Refund Form Current Year

Human Resources agent will have to work with their finance department to get the correct bus unit, fund code, dept. code, bud ref, and class code.

om: Terese Vigil			Phone	: <u>(</u> 505) 46	9-5936				
Human Resources	Representative or	Payroll Offic	er						
Office of the State Auditor									
			State Agency						
2540 Camino Edward Ortiz	z, Suite A, Santa	Fe, NM 87	7507	Incon					
		31	are Agency Aud	iress			3080	0	
Employee ID	Annual Cold Control		Employee Nam	e			0000	Agency	Code
Partia dt 01/06/2023				04/00/0					
First Pay Per	iod affected End Da	te (mm/dd/vv	(vv)	01/06/20	123	iod affec	ted End F	late (mm	/dd/second
						iou unce		uce (min	((a)))))))
Agency Portion:			A		40	0.60			
HARE HCM Code:			Amou	nt:	7	30			
HARE HCM Code:	VISNP		Amou	nt:	1	13			
HARE HCM Code:			Amou	nt:					
HARE HCM Code:			Amou	nt:					
HARE HCM Code:			Amou	nt:					
HARE HCM Code:			Amou	nt:					
	1		Total	Amount:	2	08.05			
n order for this request to be	processed, a cop	y of the app	licable payroll	deduction	screen	ma spre	a tibric ci		in the second
in order for this request to be Brief Explanation of R Employee had qualifying event a GSD policy requires the pr nformation below for OPR Financial Agency Contact	eprocessed, a cop effund Reques and dropped spouse occessing of refut processing.	or of the appress: effective 12/	Phone N	fer (OPR)	Please	6-3804	EUND	ssary fi	efit payment

	and the second se	City/State/Zip Code
EBB Approval:		Date:

113123

State Agency Summary page-Spreadsheet

Business Un	it	30800		Pay Group	CLS	Deduction	Check Box 1		
Employee N Employee ID	ame:):		- <mark> </mark>	Current Date 1	/26/2023	Refund	Check Box 2		
		Employee Sha	ire		Taxable DP		State	Share	
PPE	Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference	Mark only if Taxable DP	B <mark>enefit Plan</mark> Fyne	Amount Paid	Amount that should have been	Difference
1/6/2023	PRESP	\$219.46	\$133.91	\$85,55		PRESP	\$512.08	\$312.46	\$199.62
3 <u>1</u>	DELTP	\$13,42	\$10.29	\$3.13		DELTP	\$31.32	\$24.02	\$7 30
	VISNP	\$2.31	\$1,82	\$0.49		VISNP	\$5.38	\$4.25	¢1 13
31	SPLIFE	\$2.36	\$0.00	\$2.36			40.00	4 1125	
	PRESP					PRESP	1		
	DELTP					DELTP			
	VISNP					VISNP			
•	PRESP					PRESP	L		
	DELTP	No. 10. 1991				DELTP			
	VISNP					VISNP			
	ADMIN	-							
	STDIS						-		
	PRESP					PRESP			
	DELTP			1		DELTP			
	VISNP					VISNP			
				Total	Taxable DP				Total
ub Totals	PRESP	\$219,46	\$133.91	\$85.55		PRESP	\$512.08	\$312.46	\$199.62
	DELTP	\$13.42	\$10.29	\$3,13		DELTP	\$31.32	\$24.02	\$7.30
	VISNP	\$2.31	\$1.82	\$0.49		VISNP	\$5.38	\$4.25	\$1.13
-	ADMIN	\$2,36	\$0.00	\$2.36		ADMIN	\$0.00	\$0.00	\$0.00
	STDIS	\$0,00	\$0.00	\$0.00		STDIS	\$0.00	\$0.00	\$0.00

Policy Exemption

You will need to work with your CFO to get the current policy exemption form per fiscal year.

A policy exemption will need to be attached to every current year refund request.

STATE OF NEW MEXICO DEPARTMENT OF FINANCE AND FINANCIAL CONTROL DIVISION REOUEST FOR POLICY EXEMPTION

Check the appropriate policy request:

New Exemption _____ Existing Exemption ____ Exemption Number ____ FY23-014

State the DFA/FCD policy, procedure, or memorandum from which you are requesting an exemption:

NMSA 1978,6-5-3 - Relating to proposed expenditures, and to Department of Finance and Administration purchase order process practices, in order to allow more timely payment of direct pass-through payments, Section 6-5-9 NMSA 1978 allows the Secretary of DFA to exempt State agencies from requirement of prior submission of purchase orders. FIN 5-2 D4 and D7, Disbursement Requirements - Balance sheet accounts The processing of payments against balance sheet accounts will be allowed in custodial fund types. Payments against balance sheet accounts in all other fund types must be approved through a policy exemption approved by the State Controller. Revenue Account Codes The processing of payments against revenue account codes will be allowed when court ordered or authorized for refunds. The payment vouchers are generated using the same revenue account code the fees were credited. Payment against revenue accounts in all fund types they be to be a lowed when court order by the State Controller. FIN 4.2 Payment of Prior Year Expenditures to obtain written approval from FCD to pay prior year bills from a subsequent fiscal year's budget when the commitment is not encumbered or paid in SHARE in the corect fiscal year.

State the exemption requested and provide a complete justification:

GSD is requesting exemption from policy to make disbursements of refunds to employees or Local Public Bodies (LPB) when an over payment of premuims has occurred. Employee paid benefits for State and LPB's and their families are not subject to denial. The refund is for employee benefits contributions that include Medical, Pharmacy, Dental, Vision, Short Term and Long Term Disability and Life Insurance. In addition to overpayment, the request is also in accordance with Laws 2016 House Bill 43. The purchase order process requirements are more appropriate to typical operating purchases in which the purchase may be approved or denied but not in the case of employee benefit refunds. Use of the standard purchase order process creates unnecessary budget adjustment and purchase order delays, and provides no meaningful control and delays timely processing of amount owed. Balance sheet accounts, Disbursements from 251900 Unearned Revenues will be used for payments in excess of invoiced amounts and ecorded to account 251900 Unearned Revenue per FIN 11.5. Payments against revenue account codes 472302, insurance premiums are for Operating Transfers between agencies where the fees were credited. Prior year approval is not applicable because the refunds are based on a calendary year request and are approved by DFA Central Payroll utilizing the refund request form.

Fund Code	75200 and 56100	Business Unit 35000	_ Department	GSD
Date Exemption	Requested for:	7/1/2022-06/30/2023		
Signed by Requ	esting Authority	Cabinet Secretary/Agence	Date: y Director)	<u>ulalre</u>
Approved by:	Donna M. Trujillo	Digitaliysigned by Donna M. Truffio Date: 2022.07.05 13:52:50-06'00	Date:	
Expiration Date	(Financia June 30	l Control Division Director)), 2023	2400.	

DFA-FCD 03/2012

PAY ADVICE

Make sure you print every pay advices under review paycheck and check mark or highlight the amount being refunded.

State deductions are non taxable Benefits.

Empl ID 312760	Name			
Company NM	Pay Group CLS	Pay Period End 01/06/2023	Page 60 Line	11
Paycheck Information			Paycheck Totals	
Paycheck Statu	is Confirmed Pay	check Option Advice	Earning	s 2,171.89
Issue Da	te 01/13/2023 Payo	heck Number 943.56 18	Taxes	s 317.88
Off Cycle F	Reprint Adjustment	Corrected Cashe	d Deductions	522.93
			1	
Deductions				
IFF Q	······································			1-2
Deduction Details 1	Deduction Details 2 Deduction	on Details 3		
Deduction Code *	Description	Class		Amount
DENPRE	Dental Pre Tax	Before-Ta	DK	13.42
DENPRE	Dental Pre Tax	Nontaxab	'e Benefit	31.32
DEPLIF	Dependent Term Life	After-Tax	8	0.46
DISAB	Disability	After-Tax		4.56
MEDPRE	Medical Pre Tax	Before-Ta	x	219.46
MEOPRE	Medicat Pre Tax	Nontaxab	'e Benefi	512.08
MDEF	New Mexico Tax Deferred	Before-Ta	x	10.00
PERA	PERA Retirement	Before-Ta	x	226,29
PERA	PERA Retirement	Nontaxab	'e Benefit	408.97
RETHC	Retiree Health Care	After-Tax		21.72
RETHC	Retiree Health Care	Nontaxab	e Benefit	43.43
SPLIFE	Spouse/DP Life	After-Tax		2.36
SUPLIF	Supplemental Term Life	After-Tax		20, 16
ISPRE	Vision Pre Tax	Before-Ta	×	2.31
/ISPRE	Vision Pre Tax	Nontaxab	e Benefit	5.38

+ Carniehmante

ERISA EMAIL

Add after the pay advices.

 From:
 Yamilet Lopez

 To:
 Terese Vioil

 Cc:
 Tawrence: Crystal, GSD: Signeros: Ronald: GSD: "Benefits-Refunds, EBB, GSD"; "Chavez Katherine, GSD", New Refund Request- Employees name and Share ID#

 Subject:
 Thursday, January 19, 2023 4:02:33 PM

 Date:
 Comparison

Hello,

Employee has submitted an enrollment form due to a qualifying event Change of Marital Status effective 12/19/2022. This was entered 01/19/2023. This change has resulted in a premium tier change from family to employee and children on medical, dental and vision.

Please process a refund request for the pay periods accordingly. Please also process a refund for Spousal Life.

*Please contact your Human Resources Department for more information on your refund.

*Please refer to the Refund Section XV: Page 27, in the Admin Guide located at: <u>https://www.mybenefitsnm.com/documents/Administrative_Guide_2022_June_Final_v3.pdf</u>

***HR's; IF** the refund request is for <u>prior calendar</u> year and/or 5 or more pay periods of the current calendar year, please forward all supporting documents and completed refund request forms to <u>EBB.Benefits-Refund@state.nm.us.</u> Upon RMD's review the documentation will be forwarded to CPD. For questions please contact 505-827-2036.

Thank you,

Yamílet Lopez

Erisa Administrative Services, Inc. E-Mail: <u>vlopez@easitpa.com</u> Office: (505) 244-6000 ext. 112 Toll free: (855) 618-1800 Fax: (505) 244-6009

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CHECK LIST

EBB Benefits Premium Refund Checklist

Link to all the forms: State of New Mexico | Group Benefits (mybenefitsnm.com)

DEA	Current Calendar Vear process:	If any of the dates fall in
Calandar	Current Calendar Tear process.	n any of the dates fail in
Calendar	Submit required refund paperwork directly to DF4 for their	prior year and current
Year	review/approval and refund processing through navroll	year it will be considered
(January 1st	Final Instructions. The person requesting reviewing and approving	a prior calendar year
through	this form cannot be recipients of the request Requester and approver	refund.
December	may not be the same person. Forms and supporting documentation	If dates are July 1 st
31st)	must be submitted by 5:00 PM on Thursday Pay Period End to Central	through June 30 th please
	Payroll at DFA-CentralPayrollForms@state nm us	refer to: Employee
		Benefits Premiums
	If 4 or more pay periods send to RMD for review and approval.	Current year process.
	RMD will submit to DFA. EBB Benefits-Refund@gsd nm gov	
	http://www.nmdfa.state.nm.us/Central Payroll Bureau.aspx.	
	DFA Form	
	Summary Page showing the breakdown of the total deductions.	
	The Summary Page must contain: a break down by pay periods	
	impacted, what was deducted, what should have been deducted, the	
	difference and the total by plan types (EE Share and State Share).	
	Provide print screens of all pay periods that were impacted (View	
	Paycheck -Deduction Tab) as supporting documentation. Benefit	
	Plans are the same for Employee, State and DP they should not very.	
	Please include ERISA emails as supporting documentation as well	
	(Note: all current calendar, prior calendar, current fiscal year	
	and prior fiscal year dates need to be separated accordingly)	
Employee		If any of the dates fall in
Limpiojee		
Benefits	RMD Current Fiscal Year Employee and Agency Process:	prior fiscal year please
Benefits Premiums	RMD Current Fiscal Year Employee and Agency Process:	prior fiscal year please
Benefits Premiums Current Fiscal	RMD Current Fiscal Year Employee and Agency Process: (07/01/20xx through 06/30/20xx) FYXX (W-9 from employee is	refer to: Employee Repetits Premiums Prior
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HOW TO PREPARE REFUNDS

- 1. Make sure to check the Risk Management EEB email (EBB.Benefits-Refund@state.nm.us) for any prior fiscal year or current calendar year refund requests.
- 2. Audit the prior year request forms for both (employee refund and State agency refund).
- 3. Make sure pay period end dates are correct on both (employee refund and State agency refund).
- 4. Make sure you select the correct boxes on the employee refund request med, dental, vision, disability, supplemental, etc. You will need to type the premium being refund on State agency refund request form per premium being refunded.
- 5. Make sure the explanation matches to what the refund request is for and include the pay period end dates being refunded. The explanation should be added to both employee refund and State agency refund forms.
- 6. Make sure copies of all payroll deduction screens for each pay period endings in question are attached to each request for employee refund and State agency refund.
- 7. Make sure to include the Premium Contribution Schedule(s) for each specific Calendar Year that needs to be refunded for both employee refund and State agency refunds.
- 8. Make sure and check that the employee did/did not get a increase in pay and move to a different deduction scale on the bi-weekly benefits contribution schedule.
- 9. Make sure to include an excel spreadsheet detailing each pay period ending, the premiums that were deducted from employee or State agency deduction on pay advice. Include the amount that was paid and what should have been paid for both employee refund and State agency refund and it will give you the difference on what needs to be refunded.
- 10. Make sure to include the email form ERISA if they are the ones requesting that the employee/State agency needs to be refunded.
- 11. The agency prior year refund request for will need all back up paperwork. Audit to make sure that the employee has not moved to a different salary range during the prior year refund request, which could change the premium contribution schedule.