General Services Department
Risk Management Division

Employee Benefits Bureau
Administrative Guide

For State, LPB and Self-Pay Group Benefits Plan Participants

Updated March 2020

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I. INTRODUCTION

The success of the State of New Mexico (SoNM) Group Benefits Plan depends on employees and participants understanding their options and their ability to make the right choices.

This Administrative Guide provides information for benefit participation and for effective administration of the SoNM Group Benefits Plan Package. Guide users are Plan participants, the State Benefits Third Party Administrator, all Group HR Representatives and/or Payroll Clerks in the various SoNM departments/agencies/bureaus/commissions, and the Local Public Bodies (LPBs) covered by the State's Group Benefits Plan. To ensure consistent and effective plan administration, users should be familiar with the information provided in this manual and use it as a reference.

Within each entity, consistent and effective procedures should be established for enrolling employees and their dependents in the employee benefits plans during employment/eligibility processing (new hire, qualifying event, Open/Switch Enrollment). Each newly eligible employee should be given the Employee Benefits Instruction Sheet, which should be printed from:
https://www.mybenefitsnm.com/documents/Benefits-Eligibility-Acknowledgement_March2020.pdf

Each newly eligible employee should also be directed to the benefits website at www.mybenefitsnm.com, at the time of the employment/eligibility (please see New Employee Checklist page for details). The website is where plan descriptions, premium costs, carrier contact information, online benefits enrollment, and other details are located.

STATE EMPLOYEES: The SoNM -Third Party Administrator (Erisa) will promptly enter all enrollments into SHARE to ensure appropriate benefits and payroll deductions go into effect when the participant's waiting period has ended.

LPB EMPLOYEES: enrollments will be entered into the Third Party Administrator's (Erisa) proprietary database for accurate tracking.

The rules for the SoNM Group Benefits Plan are based on requirements established by the General Services Department (GSD), Risk Management Division (RMD). This manual, as well as the benefits website (www.mybenefitsnm.com), are primary references for all rules and administrative procedures for the SoNM Group Benefits Plan package.

Levels of coverage vary from one plan to another. However, the rules regarding such topics as eligibility, enrollment, change of status, and notifications are governed by the State.

Answers to claim filing procedures and claim payment questions are subject to individual insurance plan rules and can be found in specific Summary Plan Descriptions (SPD), or separate administrative guides provided by each individual carrier.

We hope that this manual will be a helpful and frequently used resource. Feel free to contact Erisa with any questions:

Erisa Administrative Services, Inc.
1200 San Pedro NE
Albuquerque, New Mexico 87110
Phone: (505) 244-6000 Fax: (505) 244-6009
Toll Free: 1-855-618-1800
Email: SONM@easitpa.com

II. EMPLOYEE BENEFITS BUREAU FUNCTION

The State of New Mexico Employee Benefits Bureau (EBB) of the Risk Management Division (RMD), General Services Department (GSD), is solely responsible for the procurement, implementation, and management of all benefits of those participating in the SoNM Group Benefits Plan.

Procurement

The Healthcare Purchasing Act, NMSA § 13-7-2, was enacted to ensure public employees, public school employees, and retirees of public employment access to more affordable and enhanced quality of health insurance through cost containment and savings affected by procedures for consolidating the purchasing of publicly financed health insurance.

- The IBAC (Interagency Benefit Advisory Committee), composed of the State's Group Benefits Plan, NM Retiree Health Insurance Association, NM Public Schools Insurance Authority, and Albuquerque Public Schools, go out to bid together.
- The IBAC works together when posting Request for Proposals.
- The IBAC analyzes them together, looking for lowest costs, best customer service and benefits.
- Each IBAC member group does not necessarily purchase coverage through the same carrier(s) or have identical plan types since needs differ between IBAC agencies.

Local Public Bodies (LPBs) may petition EBB to include their employees under the SoNM Group Benefits Plan. There are specific eligibility requirements for LPBs. EBB routinely handles these requests and the Risk Management Division Director approves admissions into the Plan.

Implementation

- After benefit plan contracts are awarded and signed, EBB works with the vendors to set up communication materials, file exchanges, and any system updates to accommodate the new vendor. Billing and payment requirements are also part of the implementation.

Administration

- Once the new carrier/vendor begins, EBB monitors performance by evaluating specific measurements to ensure all contractual goals are met.
- RMD and Erisa will communicate with participants about the various plans through written materials and details on the benefits website at: www.mybenefitsnm.com. Erisa manages State employees, LPBs, Legislators, COBRA (for employees who have separated employment and any dependents ceasing eligibility), Short & Long Term Disability, and Flexible Spending Accounts.
- Other responsibilities of EBB include coordinating with the insurance carriers on communication materials, training classes for administrators, preparing news articles for the Round the Roundhouse newspaper, the Employee Benefits Bureau Newsletter, Open/Switch Enrollment activities, and other special event newsletters for employees.
- **STATE EMPLOYEES**: Employees or HR Representatives who need information and support that cannot be found or clearly understood from reading this Administrative Guide are encouraged to call Erisa at 505-244-6000 or 1-855-618-1800. Any questions that Erisa is unable to answer will be forwarded to RMD by Erisa; once answers are obtained, Erisa will call back the employee or HR Rep.
- **LPB EMPLOYEES**: Employees must contact their LPB HR Representative for guidance if information cannot be found, or clearly understood from reading this Administrative Guide.
- EBB is the point of contact for premium refund requests (see Refund Request section).
- EBB is the contact for 3rd level appeals (see Appeals/Grievance Information section)
- EBB oversees the State Benefits Fund, budget projections, and benefit plan design responsibilities.

III. HIPAA OVERVIEW

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996. Its original version mandated enhanced portability of employer-based health insurance for individuals changing jobs and made reference to future requirements regarding administrative simplification (common data code sets), privacy, and security. The federal Department of Health and Human Services, Office of Civil Rights is the governing entity with regard to HIPAA regulations while penalty enforcement is conducted through the federal Department of Justice.

1. Privacy

The first segments of HIPAA compliance are the privacy guidelines which protect how Personal Health Information (PHI) is disseminated. RMD has been careful to engineer agreements with vendors to minimize exposure with regard to these requirements.

RMD consciously limits access to PHI and does not disseminate this information outside of HIPAA guidelines. HIPAA guidelines state that the PHI may be disseminated (to the Health Plan) to facilitate the payment of a claim.

Policies and Procedures related to HIPAA can be found in the forms section of this guide (p.51-56). Employees are asked to please read and familiarize themselves with these policies.

2. Standardized Data Code Sets

The United States Department of Health and Human Services has established standardized ways for all information related to health plan administration to be sent and received electronically. All entities, be they providers, health plans, or employers who send information electronically were required to begin using these standardized code sets by October 16, 2003. RMD established a contingency plan to be effective April 2004, and is currently compliant with electronic eligibility transfers to all vendors.

3. Security

RMD continues to work in accordance with the SoNM coordinated efforts for security requirements, along with other sister agencies (DOH, HSD, CYFD, etc.).

IV. CARRIER APPEALS/GRIEVANCE INFORMATION

In the event an employee grievance regarding- a decision made by one of the SoNM medical, dental, and vision carriers (for example: if carrier denied, reduced, or terminated a requested healthcare service on the grounds it was either not a covered benefit, or it was not medically necessary), the grievance will be subject to the Utilization Management Review procedure. Grievances may be submitted to the specific carrier in writing. In the event of an oral grievance, the carriers have a Customer Service Center that will assist in completing the required forms. Please be advised that carriers shall not take any retaliatory action against employee for filing a complaint.

Employee may request a copy and detailed written explanation of the grievance procedures by calling the particular medical, dental or vision carrier.

Members have 180 days from the date of the initial denial to file an appeal with the carrier.

Adverse Determination Appeal Review Procedures

Within 72 hours where circumstances require expedited review, or within 24 working days for all other cases, the carrier shall determine whether the requested healthcare service is covered by your health benefits plan and is medically necessary. If the carrier's initial review results in a denial, reduction or termination of the requested healthcare service, they will notify employee of the determination and of their right to request an internal review.

Employees please refer to the respective medical/health carrier's Summary Plan Description book under Member's Rights, Appeals and Grievances for carrier contact information.

Internal Adverse Determination appeal review procedures require an initial review by a plan medical director and then, if necessary, a second review by a medical panel. Both reviews must be completed within 72 hours when the circumstances require expedited review or within 20 working days for all other cases. If the medical director decides to uphold the denial, reduction or termination of the requested healthcare service, the carrier will notify the employee of the medical director's decision by both telephone and mail, and will ask if employee desires a second review by a medical panel selected by the healthcare insurer.

If employee requests a second review of their appeal by a medical panel, the carrier will notify employee of the date, time and location of the medical panel review, and of their rights to participate in the review.

Risk Management External Grievance Review Procedures: If any party to the original appeal declines to accept the decision of the medical panel, that party has 30 days in which to file a formal complaint with the SoNM, General Services Department, Risk Management Division. Upon receipt of the formal complaint, the Risk Management Division will review the case and respond to the parties involved within 30 days. If the formal complaint is due to an emergency situation, a response will be given within 48 hours of receipt of such formal complaint. Contact Risk Management at:

Employee Benefits Bureau,
Risk Management Division, General Services Department
1100 St Francis Drive, Room 2073 Santa Fe, NM 87505-0110

By telephone: First level appeal: call the carrier directly
Second level appeal: carrier medical panel
Third level appeal: call RMD at 505-827-0493

V. STATE HUMAN RESOURCES REPRESENTATIVE RESPONSIBILITIES

State HR Reps have view-only access to SHARE benefit modules. HR responsibilities (*related to benefits*) are such things as:

- Managing employees' PERA forms, Retirement, Deferred Compensation enrollments;
- Maintaining accuracy of employee demographic information in SHARE;
- Managing employees' FMLA/LWOP, including determining and obtaining premium payments from an employee if leave hours are not sufficient to cover premium costs, and maintaining accurate tracking and copies of payments in employees' personnel files. Notify Erisa at 505-244-6000 or 1-855-618-1800 so they can stop benefits if an employee fails to fulfill their self-pay premiums (please see p.23);
- Entering employees' job termination dates into SHARE job data and faxing to Erisa, at 505-244-6009, COBRA Notification Forms when employees retire/leave employment (this does not include transfers to another State agency). A COBRA Notification Form also needs to be faxed to Erisa with a job status change that reduces work hours below 20 hours/week resulting in loss of benefit eligibility;
- Providing new hires, or employees with qualifying events, the Employee Benefits Instruction

Sheet (which can be printed from https://www.mybenefitsnm.com/bene-instruction.htm). Ask employees to read/sign Instruction Sheet, give them a copy for their records, and keep signed original in respective personnel files (required at time of hire and/or any Qualifying Event). If employee has further benefit questions, please refer them to Erisa at 855-618-1800, or sonm@easitpa.com;

- Informing employees of their obligation to fax marriage certificates, domestic partner affidavits, and/or birth certificates directly to Erisa at 505-244-6009. Failure to submit all required documentation at time of submission will result in an incomplete benefit enrollment and employees will not receive benefits.
- Providing employees with COBRA rights information (please see pgs. 29-33), as well as HIPAA Privacy notices (found at the end of the Forms section in this Administrative Guide). Ask employees to read/sign HIPAA notice, and keep signed original in respective personnel files (only required at time of hire);
- Preparing refund and payroll deduction requests, including all required documentation (instructions included in Refund and Forms sections (please see p. 58);
- Keeping on file the original signed life insurance beneficiary designation form(s), giving employee a copy for their records, and faxing a copy to Erisa at 505.244.6009.
- Assisting employees or beneficiaries with the initial life insurance claim. HR should complete the Group Life and Accidental Death Claim Form found at: https://www.mybenefitsnm.com/TermLife.htm. The form should be faxed to Erisa at 505.244.6009.
- Directing employees to Erisa and the www.mybenefitsnm.com website for benefit-related questions;
- **Life Insurance:** Upon an employee's termination/retirement, direct the employee to the Term Life website to access the Note of Conversion and Portability Rights Form at: (https://www.mybenefitsnm.com/termlife/portabilityandconversion.htm). The employee will use this form to apply to convert his/her life insurance to an individual policy. Portability of Insurance is also an option under the plan. The form is available at the Term Life website at: https://www.mybenefitsnm.com/termlife/portabilityandconversion.htm. Please refer to the Employee Certificate of Insurance for eligibility requirements for Conversion or Portability posted at https://www.mybenefitsnm.com/TermLife.htm.

VI. PREMIUM ONLY PLAN (POP)

The SoNM Premium Only Plan (POP) allows an employee to have their share of the contribution on the cost of medical, dental and/or vision coverage(s) subtracted from their gross pay *before* taxes are calculated, thereby increasing the employees net pay. If an employee wants these premiums deducted *after* taxes, a Waiver of POP must be signed and faxed to Erisa at 505-244-6009 on the same day the enrollment form is submitted online to Erisa. POP Waivers must be completed each year to maintain the post-tax status.

Note:

- If using POP, all medical, dental and vision coverages **must be** pre-tax. An employee cannot pick & choose specific coverages to be pre or post-tax.
- All **State** employees are automatically enrolled in POP. If the desire is to have the medical, dental and vision premiums taken post-tax, a POP Waiver Form must be completed and faxed to Erisa within 31 days of hire and annually thereafter during Open/Switch Enrollment. (Erisa fax #: 505.244.6009). Employees can also change their POP option within 31 days of an eligible Qualifying Event (Please see Enrollment Section in this Guide for list of Qualifying Events). Pop Waiver Form can be found at https://www.mybenefitsnm.com/FGP.htm.

COMMONLY ASKED QUESTIONS

As I participate in *pop*, can I use my medical, dental, and/or vision premiums as a deduction on my individual income taxes?

No. You will already have received your tax savings by participating in this plan.

When will the effect of pop show up on my paycheck?

Your pre-tax premium payment will appear on the 1st or 2nd paycheck where benefit premiums are withheld. Employees will see the effects of the program when the first premium for medical, dental and/or vision coverage is deducted from their paycheck.

Can I have just part of my premium paid through pop?

No. Only your full eligible premiums can be paid through this plan.

What effect will pop have on my retirement benefits?

None. PERA will continue to be calculated on original gross salary before the reduction for premium payment.

When can I change my pop enrollment?

POP can be changed when enrolling for benefits for the first time (you cannot have any existing medical, dental, or vision coverage), during the annual open/switch enrollment, which occurs at the start of each plan year, or within 31 days after a Qualifying Event (QE). This includes marriage, divorce, birth of a child, the death of a spouse, or a dependent, spouse's ending or beginning of employment, when you or your spouse switch from part-time to full-time employment, or full-time to part-time, or when you or your spouse takes an unpaid leave of absence which impacts medical, dental, and/or vision enrollment.

What if I want to change or discontinue my insurance coverage during the year and have not had a qualifying event (QE)?

According to IRS guidelines, once you are enrolled in POP you may not change your deduction until the end of the POP plan year.

With pop, insurance premiums are deducted from employees pay before taxes are taken. The result is a smaller tax bite, and more money in employees pocket.

State Employees are automatically set up as pre-tax (POP) with POP-allowed benefits.

LPB Employees- must check with respective LPB HR Representatives/Payroll Offices to verify.

PROCEDURE

If employee chooses not to participate in pre-tax deductions, they must sign and fax a POP Waiver Form to Erisa at 505-244-6009, or scan and email to sonm@easitpa.com at time of online enrollment.

STATE EMPLOYEES: Erisa will provide EBB with a copy of this form to ensure deductions are changed from pre-tax to post-tax.

LPB EMPLOYEES: Erisa will provide employee LPB agency with a copy of this form to ensure deductions are post-tax.

WHY PARTICIPATE IN THE POP BENEFIT?

The SoNM Premium Only Plan is a fully legal form of a Cafeteria Plan, a mechanism for offering group benefit plans that are regulated by Section 125 of the Internal Revenue Code. There are however, three situations why POP may not be advantageous:

1. A lower FICA base may affect an employees' Social Security retirement benefit **slightly,** depending on how far in the future retirement begins. Because an employees' Social Security base is reduced, the final average used in determining their Social Security pension may be affected. However, the impact on Social Security Benefits described above is so minimal that POP should be beneficial to nearly 100% of employees.

2. Current tax laws allow employees who itemize deductions, to deduct insurance premiums on their federal income tax forms. However, medical expenses, including insurance premiums, are deductible only if out-of-pocket medical expenses for the year exceed 7.5% of an employees' income. Therefore, very few people are able to take this IRS deduction, therefore POP is generally more advantageous. However, if if an employee participates in POP, they will not be able to deduct insurance premiums.

3. There are tax credits rules for employees with young children covered by employee paid health plans, which make it advantageous to pay premiums with post-tax dollars. This tax credit is not as beneficial to many people when compared to the exclusion from income offered by POP. These rules, however, are complex, and employees should consult their tax advisor to see if may apply to them.

VII. ORIENTATION OF NEW EMPLOYEES

HR Representative should schedule an orientation meeting or group presentation with all new employees to distribute the Benefit Eligibility Acknowledgment Form (employees complete/sign form, keep a copy for themselves, and return signed original to HR Rep for personnel file), the Basic Life beneficiary form (employees complete/sign form, keep a copy for themselves, and return to HR Rep for personnel file. HR will fax a copy to Erisa), review HIPAA/privacy practices and guidelines (employees complete/sign privacy acknowledgement form and return to HR Rep for personnel file), and Employee Assistance Program (EAP) for State employees only. Please refer to, and utilize the New Employee Orientation Checklist (can be found on p. 39).If the employee wishes, Erisa will provide *general* benefit discussions and explanations for plan participants. New hires (State employees) will receive an Employee Benefits Instruction sheet from their HR Representatives with benefits contact information. LPB employees should speak directly with their HR Representatives. *Detailed* benefit information will be provided by the Summary of Benefit Coverage and Summary Plan Description books found on benefit carriers' websites (they also may be found at: www.mybenefitsnm.com.).

The Plan participant is responsible for completing and submitting the online enrollment form within the required timeframe (31 days of new hire/qualifying event, or by specified due date of an annual open/switch enrollment), and faxing proof of dependency documentation to Erisa at 505-244-6009 at the time of enrollment submission (copy of marriage certificate/domestic partner affidavit, dependents' birth certificates, if applicable). **Dependents will not be enrolled for benefits unless the required proof of dependency is submitted at the time of enrollment. (Note: employees with newborns have 90 days from date of birth to provide the child's birth certificate to Erisa).** Plan participants are also responsible to always check their pay advices for benefit deduction accuracy. Notify Erisa of any discrepancies related to health (medical, dental, vision), Disability, Flexible Spending Accounts, and/or life benefit deductions.

EMPLOYEE COMMUNICATIONS

Employees now have a broad array of benefits and coverages to choose from. **The success of our benefit**

plans depends on employees understanding their options and their ability to make the right health care choices. It is the efforts of the Risk Management Division, Erisa, and the plan carriers, that help ensure that success by providing ongoing employee communications

Sharing knowledge and expertise during and beyond the orientation stage helps employees understand the value of their benefits and how to use them correctly. **All SoNM benefit information can be found at: www.mybenefitsnm.com, If you cannot find specific benefit information on www.mybenefitsnm.com, or in the S*ummary of Benefits, Administrative Manuals*, or by calling the appropriate carrier for details.**

VIII. INSURANCE PLAN RULES

COVERAGE OPTIONS

State of New Mexico employees, and those employed by Local Public Bodies (LPBs) covered by the SoNM Group Benefits Plan, have a range of coverage options from which to choose. The available plans include: the Premium Only Plan (POP), Medical, Prescription/Pharmacy, Dental, Vision, Basic Term Life/Accidental Death & Dismemberment (AD&D); Dependent Life, Additional (Supplemental) Life/AD&D Coverage through the Group Life carrier, Short/Long Term Disability, and Flexible Spending Accounts (FSAs), which offer options for Medical care, Dependent care, and Transportation/Parking.

Employees also have the Employee Assistance Program (EAP), a free benefit offered to employees, their dependents, and all household members.

Legislators are eligible to participate in the SoNM Group Benefits Plan *except* Disability and EAP. Legislators are responsible to pay 100% of all premiums.

Elected officials serving LPBs are eligible to choose any coverage option that the LPB offers its employees. Elected officials must pay 100% of all premiums or otherwise follow statutes pertaining to the specific LPB.

All COBRA participants should check with Erisa for available coverage options.

All State Benefit options are available to benefit eligible employees, regardless of where they live; **however**, if both an employee and their spouse/domestic partner work for the State or participating LPB, they cannot enroll each other as a spouse/domestic partner in medical, dental, or vision; nor can they both cover their children. Employees can individually elect Additional (Supplemental) Life, and can elect to cover the spouse/Domestic Partner under Dependent Life. Only one parent can cover their child(ren) under Dependent Life, both parents **cannot both** cover child(ren) ; and both employees **cannot each** procure coverage for their spouse at the same time.

All newly hired State employees and most LPB employees who meet the eligibility requirements will be automatically insured for $50,000 Basic Life. Basic Life, Line-Of-Duty (Law Enforcement Officers/Undercover Agents I think there are a few more??). Premium for employee coverage is paid 100% by the employer for both State and LPB employees). The Disability program is a voluntary benefit available to employees only, dependents are not eligible. The Disability premium is paid 100% by the employee, **post**-tax. Employees can choose Life coverage and/or Disability coverage without electing medical coverage.

Covered employees who are terminated may be eligible for continued coverage under COBRA. See Administrative Guide section titled "COBRA Administration" for more information. Those insured for Life may also have the option to apply for Portability or convert to individual coverage, and Dependent Life may have the option to convert to individual coverage. Please see the Term Life website at:

https://www.mybenefitsnm.com/TermLife.htm.

IX. ELIGIBILITY AND EFFECTIVE DATES

Carefully study the eligibility rules listed below and the applicable coverage information. The State's Group Benefits Plan cannot allow employees to enroll who are not eligible.

Plan rules regarding eligibility apply to all State benefit plans including Medical, Pharmacy, Dental, Vision, Basic (Term) Life/AD&D, Dependent Life, Additional (Supplemental) Life/AD&D, Disability, Employee Assistance Program (EAP), and Flexible Spending Accounts (FSA) for (Medical, Dependent Care, and Transportation & Parking)
.

NOTE: If enrolled in the **Premium Only Plan (POP)**, an employee may *not* cancel medical, dental or vision coverage unless a qualifying event has occurred (see POP guidelines for those events). POP participants cannot drop pre-tax status until the next annual POP enrollment or a Qualifying Event.

Non-POP participants can drop the benefit coverage at any time. Remember, POP is regulated by the Internal Revenue Service (IRS) and not by the State of New Mexico. You can find additional POP information at the end of this guide. Since Domestic Partner premiums are after-tax, they may also change coverage at any time.

Since Disability premiums are paid 100% by employees *after-tax*, an employee is able to add or drop Disability coverage at any time. **NOTE**: employees who drop Disability and then start coverage again at a later time, in order to be eligible to make a Disability claim, an active employee must have paid Disability premiums for at least twelve (12) consecutive months.

1. EMPLOYEE ELIGIBILITY

Employees who are hired as classified, Governor-exempt, probationary, temporary, term or hourly, and scheduled to work a minimum of 20 hours/week (and meets the prospective employers waiting period), are eligible to elect coverage. Elected Officials of the State or Local Public Bodies (LPB) are considered eligible and not required to meet the 20 hours/week work schedule.

- Temporary employees whose original term of employment was to be less than six months, but it is later determined will be longer than 6 months, may be eligible for coverage if they are scheduled to work at least 20 hours per week. Employees will be eligible for benefits, as long as the employee has met the required eligibility-waiting period, upon the offer of extended employment (the two pay period wait is not required for State employees).
- Dual coverage is not allowed. If both an employee and their spouse/domestic partner are eligible employees, they *cannot* enroll each other as a spouse/domestic partner, nor can they both cover their children. If both eligible employees seek to enroll their spouse/domestic partner and/or dependents, the enrollment will be rejected and forms returned for proper election.
- Independent contractors are *not* eligible under the State benefit plan.

Note: Annualized salary is based upon a 40-hour work week and should be calculated on *base* pay (do not include multiple components of pay). This must be used to determine insurance premiums for those hired as temporary, term, or hourly even if they are scheduled to work less than 40 hours per week.

2. DEPENDENT ELIGIBILITY

Family members eligible for benefit coverage are:

- Spouse. Same sex marriage certificates from states that legally recognize same sex spouses shall be treated as an employee & spouse, with the option of pre-tax premiums.
- Common-law marriages are *not* recognized under New Mexico statute; however, common-law marriages from states which *do* recognize them will also be recognized for benefit eligibility purposes.
- Domestic Partner (DP), and partner's children upon submission of an executed Affidavit of Domestic Partnership (Affidavit can found on p.50)
- Note: according to Federal IRS Guidelines, premiums for Domestic Partners cannot be taken on a pre-tax basis).
- Children under age 26, including legally adopted children, stepchildren, and recognized natural (born out of wedlock) children, regardless of dependents' marital status, residence, student status or tax filing. Foster children are included if they live with employee in a regular parent-child relationship. Coverage terminates at the end of the last day of the month in which the dependent turns 26.
- A newborn can be added to the employee's benefits with hospital proof of birth. However, if the employee does not submit an official birth certificate within 90 days of the date of birth, the infant will be retro-termed and the employee will be responsible to pay all incurred birth/infant-related expenses and claims. As the infant was never covered (due to the retro-term), the infant would not be NOT eligible for COBRA. In such a case, the infant may be added during a future Open/Switch Enrollment, if an official birth certificate is provided.
- A child age 26 or over who is incapable of self-support because of a mental or physical disability is eligible for enrollment in medical, dental, and/or vision. Note: disabled dependent Life coverage is only available to those dependents who were disabled prior to age 26.
- To apply for continued medical and/or life coverage for a disabled dependent once they turn 26 years of age, all required forms must be completed and submitted directly to the medical/life carriers (forms found at https://www.mybenefitsnm.com/FGP.htm under "Disabled Dependent Forms"). Approval/denial notification will be sent to employee directly from carrier. **Please note: request forms must be submitted and approved by carrier prior to dependent turning 26.** A court order directing that an employee and/or employee's dependent provide insurance for an eligible dependent does not require the State to grant eligibility. Individual coverage may need to be purchased separately. NOTE: A "Power Of Attorney" is not considered a court order to establish SoNM Plan eligibility or otherwise extend coverage under the SoNM Plan.
- If an employee's spouse has step-children from a previous marriage, and neither the employee nor spouse has adopted them or obtained legal guardianship, the step-children are *not* eligible for coverage.
- Dual coverage is *not allowed*. An eligible dependent cannot be covered by more than one employee participating in the Plan. If a dependent is also an employee of the State, the dependent cannot be covered under their own coverage and as a dependent under another state employee.
- Dependents' benefits coverage cannot begin until the required Proof of Dependency/ Supporting Documentation is faxed to Erisa at 505-244-6009, or scanned and emailed to: sonm@easitpa.com. These documents (marriage certificate/domestic partner affidavit, birth certificates, legal adoption/guardianship/Foster placement papers) must be faxed **at the same time** the enrollment/change form is submitted to Erisa. If an employee is able to clearly document that they are in process of obtaining the required document(s), such as a letter or email from a Vital Records agency, an extension of 3 months may be granted.

3. EFFECTIVE DATES

For eligible dependents enrolled at the same time as the employee, coverage becomes effective the date the employee's coverage becomes effective.

STATE EMPLOYEES:

For eligible employees paid on a bi-weekly basis, medical, dental and vision coverage will be effective on the first day of the third pay period following their date of employment. Pay periods begin on Saturday.
The effective date of life coverage is the first day of the pay period following date of enrollment.

Timeline for State employees to submit enrollment changes/additions, via online enrollment, **along with faxing** proof of dependency/supporting documentation to Erisa at 505-244-6009:

- New hires: within 31 days of the date of hire
- Qualifying events: within 31 days of the date of the qualifying event
- Annual Open/Switch Enrollment: no later than the last day of the enrollment period Access to online enrollment (no paper enrollment forms are allowed) is found at: www.mybenefitsnm.com.

LOCAL PUBLIC BODY (LPB) EMPLOYEES:

Typically, for eligible employees paid on a monthly basis, medical, dental and vision insurance coverage will be effective on the first day of the month coinciding with or following one month of employment.

Typically, eligible employees paid on the first or fifteenth day of the month will be effective on the first or fifteenth day of the month coinciding with or following one full month of employment.

The effective date of life coverage is the first day of the month following date of enrollment.

Timeline for LPB employees to submit **to their HR Reps** their benefit enrollment forms and proof of dependency/supporting documentation:

- New hires: within 31 days of the date of hire (there may be exceptions based on LPB eligibility requirements; however, the benefit effective date must be no later than 90 days from date of hire)
- Qualifying events: within 31 days of the date of the qualifying event
- Annual Open/Switch Enrollment: no later than the last day of the enrollment period

LPB agencies must submit all required documents **to Erisa at time of enrollment**.

PLEASE NOTE: Some LPBs do not allow exceptions. Employees must check with HR Representative for effective date timelines.

LEGISLATORS

Timeline for Legislators to submit **to Erisa** their benefit enrollment forms and proof of dependency/supporting documentation:

- New Legislators: within 31 days of being sworn in to office
- Qualifying events: within 31 days of the date of the qualifying event
- Annual Open/Switch Enrollment: no later than the last day of the enrollment period

EFFECTIVE DATES TO BE USED FOR QUALIFYING EVENTS

Qualifying Event	Effective Date
Birth, adoption, legal guardianship, marriage, cessation of domestic partnership	Date is the day the event occurs
Domestic Partnership Affidavits	Date it is notarized
Divorce	Date the Final Decree is filed
Dependent losing coverage due to turning 26 years of age	Benefits will terminate at the end of the last day of the month in which the dependent turns 26
Change in job status (reduction of hours or termination)	Date is the day following the event
Gain of other coverage	Date is the day prior to new coverage effective date
Death of employee	Date is the day reflected on Death Certificate Coverage for dependents ends the last day of the pay period in which the death occurred
Death of dependent	Date is day reflected on Death Certificate

Note: Court Orders, Mandates, and all other unforeseen events will be reviewed by RMD on a case by case basis, with an effective date determined upon review.

X. ENROLLMENT

STATE EMPLOYEES

To enroll in benefits, State employees must go to: www.mybenefitsnm.com. In banner at top of page click on Enrollment tab and complete online enrollment form. Once enrollment form is complete, click "Submit". Erisa will record enrollment and enter into SHARE, this will begin employee's premium payroll deductions. Employees who wish to enroll dependents must submit Proof of Dependency, as well as all required supporting documentation. All required documents (marriage certificate/domestic partner affidavit, birth certificates and/or legal adoption/guardianship/Foster placement papers, etc.), must be faxed to Erisa at 505-244-6009, or scanned and emailed to sonm@easitpa.com at time of enrollment. Failure to do so will result in no coverage for dependents.

LPB EMPLOYEES and LEGISLATORS

To enroll in benefits, **LPB employees** must go to: www.mybenefitsnm.com. In banner at top of page, click on Enrollment tab. In left margin click on Legislators, Local Public Bodies. Online Enrollment/Change Form must be completed for enrollment (exception: NMSU employees who must complete form specific to NMSU). Complete online form(s) , print (form cannot be saved), sign and submit to HR Representative, along with all required documentation (marriage certificate/domestic partner affidavit, birth certificates and/or legal adoption/guardianship/Foster placement papers, etc.). HR Representatives from participating Local Public Bodies should keep originals and either fax or mail these enrollment forms to Erisa. **New hires' enrollment/change forms and supporting documentation must be submitted to Erisa within 15 days from the date of execution on the enrollment form.** If an employee wishes to add a spouse/domestic partner or dependent during an Open/Switch Enrollment Period, the required supporting documents must be provided to Erisa PRIOR to the Open/Switch Enrollment Period.

To enroll in benefits, **Legislators** must go to: www.mybenefitsnm.com. In banner at top of page, click on Enrollment tab. In left margin click on Legislators, Local public Bodies. Online Enrollment/Change Form must be completed for enrollment. Complete online form, print (form cannot be saved), sign and, then fax to Erisa at: 505-244-6009, or scan and email to: sonm@easitpa.com, along with the all required documentation (marriage certificate/domestic partner affidavit, birth certificates and/or legal adoption/guardianship/Foster placement papers, etc.).

Legislators are eligible to participate in the SoNM Group Benefits Plan, except for the Disability and EAP

benefits. Legislators are responsible to pay 100% of all benefit premiums.

Elected officials serving LPBs are eligible to choose any coverage option that the LPB offers its employees. Elected officials must pay 100% of all premiums or otherwise follow statutes pertaining to the specific LPB.

Enrollment in Employee Assistance Program (EAP):

STATE EMPLOYEES**:** All eligible State employees, heir dependents, and household members are eligible to participate in the Employee Assistance Program (EAP). No enrollment is necessary and employees do not pay a premium for the EAP benefit.

LPB EMPLOYEES: LPB employees must contact their HR Representative to see if their employer participates in the EAP benefit.

Enrollment in Basic Life Insurance

STATE EMPLOYEES**:** All State employees who are eligible for benefits are automatically enrolled in basic life coverage, and the SoNM pays 100% of that premium.

LPB EMPLOYEES: Most LPBs that offer life coverage through the State's Plan will pay 100% of Basic Life premiums for their benefit-eligible employees. Employees must contact their HR Representative to see if thier employer participates in Life coverage under the SoNM.

Basic Life (LPB employee only): To become insured for guaranteed-issue basic life coverage, an LPB new hire must enroll within the first thirty-one (31) days of becoming eligible. An LPB employee who does not enroll in basic life within 31 days of becoming eligible must submit "proof of insurability" by completing the Medical History Statement (Evidence of Insurability – EOI). A physical exam and/or physician statement may be required. The application is subject to approval. Do *not* start payroll withhold or set up benefit election until approval has been received from the life carrier.

PROCEDURE FOR OBTAINING ADDITIONAL (SUPPLEMENTAL) LIFE COVERAGE FOR BOTH STATE & PARTICIPATING LPB EMPLOYEES

Upon becoming eligible for coverage, as a new hire, employees may elect Additional Employee Life, Spouse/ Domestic Partner and Child Life coverage within 31 days of becoming benefit eligible. Employees are responsible for 100% of the premiums for Additional (Supplemental) Life and Dependent Life coverage through payroll deduction.

To elect coverage/additional supplemental coverage, go to: www.mybenefitsnm.com. At top of page, click on "Enrollment" tab. In left margin select option that best identifies employment (SoNM or LPB employee). Scroll down to find "Term Life Enrollment Only", click link and fill out enrollment form. Once submitted, Erisa will notify the carrier of the employee's request. The carrier will then contact the employee via the email address provided, to request any additional information/documentation (coverage above the Guaranteed Issue (GI) will require an EOI). After evaluation, the carrier will notify the employee of approval.

Supplemental Amount of Life Insurance

Class 1 (Active Legislators):

Guaranteed Issue Amount	**Maximum Amount (any elected amount above the GI)**

The amount elected in increments of $10,000, subject to a maximum of $150,000 and minimum of $10,000.

The amount elected in increments of $10,000, subject to a maximum of $400,000 and a minimum of $10,000.

Class 2 – 5 (Benefit-eligible SoNM and LPB Employees):

Guaranteed Issue Amount
The amount elected in increments of $10,000, subject to a maximum of $150,000 and minimum of $10,000.

Maximum Amount (any elected amount above the GI)
The amount elected in increments of $10,000, subject to a maximum of $500,000 and a minimum of $10,000.

Dependent Life Insurance Benefit

Supplemental Amount of Dependent Life Insurance

Spouse/Domestic Partner:

Guaranteed Issue Amount
The amount elected in increments of $10,000, subject to a maximum of $30,000 and minimum of $10,000.

Maximum Amount (any elected amount above the GI)
The amount elected in increments of $10,000, subject to a maximum of $250,000 and a minimum of $10,000.

Evidence of Insurability (EOI) requirement

A Medical History Statement is required for:

A spouse/domestic partner enrolling outside of a new hire/new marriage/new Affidavit of Domestic Partnership.

Maximum Amount
The amount elected in increments of $5,000, subject to a maximum of $15,000 and a minimum of $5,000.

Dependent Life coverage for child(ren) will become effective on the first day of the pay period following date of submission. Coverage for dependent children does not require Evidence of Insurability (EOI).

Note: employees must be active/at work (not on leave of any kind), in order to be eligible to elect Additional Employee Life or Spouse/Domestic Partner Life coverage, with the exception of Family Medical Leave (FML). Dependent (spouse/child(ren)/DP) coverage may be elected if dependent is ill (confined at home or in a hospital/care facility), however, benefits will have a deferred effective date and will not take effect until dependent is well and performing normal daily activities.

For any questions or needed guidance, please contact the plan administrator:

Erisa Administrative Services, Inc.
1200 San Pedro Dr. NE
Albuquerque, NM 87110
Customer Service Center 855-618-1800

Options for enrollment and other documents may be found at the Term Life website:
https://www.mybenefitsnm.com/TermLife.htm

Contact Erisa (505-244-6000) for any needed assistance in completing Evidence of Insurability, or manage beneficiary designations.

For assistance with Portability and Conversion, contact The Hartford at 877-320-0484.

1. STARTING PAYROLL DEDUCTIONS

- As soon as an employee has enrolled and the effective date of coverage has been determined, Erisa will process the enrollment to begin appropriate payroll deductions for the correct pay period. LPB employees must refer to their specific Employee Pay Period Calendar for appropriate pay period deduction dates, as procedures may vary with LPB's.
- Each year, RMD provides a Contribution Schedule showing the gross premiums, and both the employer and employee contributions. It is the employees' responsibility to review their pay advice to ensure that all benefit deductions are being taken correctly.

  State employees: Erisa ensures accurate entry of employee elections into PeopleSoft SHARE to initiate correct payroll deductions

  LPB employees: LPB HR Representatives should follow their own guidelines to initiate payroll deductions

  The Flexible Spending Account (FSA) Program is offered to State employees annually. Pledge deductions begin with the first pay period in January. Employees pay 100% of the pledged amount for this option.

  LPB employees: Please check with HR Representatives to determine if your LPB offers FSA.

Note:
State Employees: For any enrollment/changes to Medical, Dental, Vision and Disability coverage due to a Qualifying Event (must be within 31 days of the QE), payroll deductions must begin at the start of the pay cycle in which the Qualifying Event occurred. The effective date of the change is the actual date of the qualifying event; however, premiums will be for the full pay period (not pro-rated).

Since Disability premiums are paid 100% by employees *after-tax*, an employee is able to add or drop Disability coverage at any time. IMPORTANT NOTE to employees who drop Disability and then start coverage again later: to be eligible to make an initial Disability claim, an active employee must have paid Disability premiums for at least twelve (12) consecutive months.

LPB Employees*:* Check with Erisa to obtain your premium payment start dates.

2. QUALIFYING EVENTS (Change of Status)

Change of Status rules protect employees and/or their eligible dependents when a qualified change of status occurs, allowing changes to coverage as needed.

For purposes of this section, **Qualifying Events** are defined as the following:

- Change in job status of spouse/domestic partner resulting in loss of group coverage or gain of other coverage from new employment.

- Change in job status of employee (such as: reduction of hours due to FMLA, LWOP, and Disability; change from part-time to full-time or vice versa).
  - Marriage or a change in marital status, such as divorce or legal separation, resulting in a loss of coverage. This includes satisfying requirements for Domestic Partnership eligibility.
  - Death of the employee.
  - Death of a spouse or eligible dependent, resulting in a loss of group coverage.
  - Birth of a child, a court approved adoption or legal guardianship.

- Any other circumstance where the individual had other coverage and loses it due to circumstances beyond their control **must be evaluated by RMD for eligibility**.

Note: Loss of a provider or provider group is not considered a Qualifying Event to change carriers. Also, Court Orders, Mandates, and all other unforeseen events will be reviewed by RMD on a case by case basis, with an effective date determined upon review.

- If there has been a qualifying event, coverage becomes effective the day following loss of coverage, providing the enrollment is made within 31 days of the *Qualifying Event*. Payroll deductions must begin at the start of the pay cycle in which the *Qualifying Event* occurs.

- Dependents that were covered under another group plan and lose that coverage due to a qualifying event may be immediately insured under the State plan, provided adequate proof of previous group coverage is submitted to Erisa and the employer. **Enrollment of the dependents must be made within 31 days of the loss of coverage. Proof of dependency must be submitted before coverage will begin.**

A qualifying event acts like an Open/Switch Enrollment for the employee, with the exception of Life coverage.

Dropping Benefit Coverages

When an employee cancels medical/dental/vision coverage, re-enrollment cannot occur until the next open/switch enrollment event, or employee experiences a **Qualifying Event**. Since Disability and Supplemental/Dependent Life premiums are post-tax, these coverages can be changed by employees at any time.

IMPORTANT: If an employee enrolls in Disability at a later date, they are required to pay premiums for 12 *consecutive* months before they become eligible for Disability benefits. If an employee enrolls in Dependent (Spouse/Domestic Partner) and/or Supplemental Life at a later date, it will require completing the Evidence of Insurability process.

3. SHARE DATA ENTRY REQUIREMENTS FOR REMOVING DEPENDENTS

Employees must notify Erisa when a dependent's eligibility ends due to one of the following circumstances: divorce from the employee, child marries (is under age 26 and chooses to elect coverage elsewhere), or otherwise fails to meet eligibility guidelines. The dependent must be waived from benefits. NEVER delete any spouse/domestic partner/child(ren) from the system.

a. Coverage for dependent children turning 26 terminates at the end of the last day of the month in which they turn 26.
b. Coverage for a spouse becoming non-eligible due to divorce must be terminated on the same date as the Divorce Decree.
c. Domestic Partners must also be terminated from coverage on the date of termination of domestic partnership.
d. Medical, Dental and Vision coverage for deceased employees or dependents terminates on the last day of the pay period for which deductions/payments were made. The actual date of an employee's death should be recorded, in SHARE, in the employee's Biographical Details tab at the "Modify a Person" module.
e. If the ineligible dependent is the employee's last or only dependent, Erisa will **change the payroll coverage from family to couple or single.** If there are other covered dependents, the coverage type and premium may not change.
f. If a Non-POP employee chooses to waive any dependents for any reason other than ceasing to

meet eligibility requirements, obtain a signed and dated form documenting the employee's intent to cancel coverage. **Coverage will terminate on the last day of the pay period in which the application is signed and a deduction has been taken.**

4. TRANSFERS

State Employees who transfer from one State agency to another State agency or covered LPB*, with no break from employment, may transfer their employee benefits coverage without the waiting period that applies to new employees. Benefits must remain the same and will be effective the first day of employment at the new agency with no break in coverage.

* *LPB's: please check with the agency for hiring requirements, and check with HR Representatives for mandatory waiting period requirements.*

Employees who transfer must keep the same coverage(s) they previously had, they cannot add or delete coverage(s) at the time of transfer. If the employee chooses to add a benefit not previously enrolled in, they will need to be treated as a new hire, with appropriate eligibility waiting periods.
It is recommended that employees transfer only at the beginning of a pay period.

Note: With any break in service followed by a rehire (even for 1 day), the employee is considered a *new hire*. Reinstatements are only considered with a court order and review/approval by the Employee Benefits Bureau.

XI. TERMINATION OF EMPLOYMENT

LPBs

Following are the steps when a **STATE** employee terminates employment:

1. The HR Reps update the terminated employees' personnel files and enter the date of termination in SHARE job data.
2. HR Reps immediately notify Erisa of the termination by faxing them (505-244-6009) a COBRA Notice of Termination form. Erisa will then mail a COBRA information packet to the employee or dependent(s). Federal Law requires that the information packet be sent out by Erisa within 14 days of receipt of notice of the qualifying event, so it is imperative that the HR Rep notify Erisa immediately with any termination/retirement.
3. Benefit coverage and premium deductions are automatically stopped in SHARE upon entering the termination in job data. Medical, dental, vision and Disability coverage ends on the last day of the pay period for which deductions/payments were made. **Deceased employee/dependents medical, dental and vision coverage ends on the last day of the pay period for which deductions/payments were made.**

Termination

Employee Life coverage ends on the earliest of the following:

1) the last day of the month following the date The Policy Terminates;
2) the last day of the month following the date employee is no longer in a class eligible for coverage, or the Policy no longer insures employees' class;
3) the last day of the month following the date the premium payment is due but not paid;
4) the last day of the month following the date Employer terminates employment; or
5) the last day of the month following the date employee is no longer Actively at Work; unless continued in accordance with any one of the Continuation Provisions.

Coverage for employee dependents will end on the earliest of the following:

1) the last day of the month following the date Employee coverage ends;
2) the last day of the month following the date the required premium is due but not paid;
3) the last day of the month following the date Employee is no longer eligible for dependent coverage;
4) the last day of the month following the date Carrier or employer terminate Dependent coverage; or
5) the last day of the month following the date Dependent no longer meets the definition of Dependent; unless continued in accordance with the Continuation Provisions.

4. Carriers are notified of the employee's termination and/or dependents' loss of coverage via the weekly eligibility file.

5. Insurance: HR Representatives should direct the employee to the Life carrier website to access the Request for Group Life Conversion forms. The employee will use this form to apply to convert his/her life insurance to an individual policy; if they so desire. Portability of Insurance is also an option under the plan. For more information, go to: www.mybenefitsnm.com/documents/Employee%20Guide%20-%20Port%20and%20Conversion.pdf. Please refer to the Certificate of Insurance for eligibility requirements for Conversion or Portability. For Portability and Conversion form, please contact Erisa (505.244.6000).

6. Any termination with a retro-active date must be coordinated through the Employee Benefits Bureau to ensure data accuracy and compliance with COBRA and the Patient Protection and Affordable Care Act (PPACA) requirements.

XII. LEAVE FOR ACTIVE MILITARY DUTY

STATE EMPLOYEES

When an employee enters full-time active military service, all benefits (medical, dental, vision,) are provided by the federal government (including employees' dependents). Employee and Dependent Life coverage will be continued for up to 36 months. Upon submission of military Activation Orders to Human Resources, State HR Representatives must immediately notify Erisa, as well as the Employee Benefits Bureau at 827-2096. If the employees does not wish to continue coverage while on active duty, then the HR Rep must enter a job status change of Leave of Absence/Military Leave (LOA/MIL) in order to stop all benefit coverage and premiums from being required. **This is not to be used for National Guard 2-week summer trainings**. Employee must be actively at work on the day coverage takes effect. Note: Should the employee wish to keep the current coverage for covered dependents while on leave, then the benefit premiums must continue to be paid throughout the 36-month continuation period in order to keep coverage continuous. Employee must make arrangements with HR Representative to continue premium payments (also known as self-premium payments). NOTE: payments must remain current, otherwise coverage will be terminated.

LPB EMPLOYEES

LPB HR Representatives must fax copies of Activation Orders to Erisa (505-244-6009) for inactivation of employees/dependent benefits. An enrollment/change form must accompany the active order when faxed to Erisa.

BOTH STATE & LPB EMPLOYEES

Upon timely return from military duty per the rules set forth in Uniformed Services Employment and Reemployment Rights Act (USERRA), benefits for the employees and eligible dependents must be re-activated with the same coverages (unless Qualifying Event occurs in the interim), with no waiting period.

XIII. SELF-PAY PREMIUM SITUATIONS

State employees**:**
There are three sets of circumstances in which an employee, who would otherwise lose eligibility for coverage under the plan, may continue coverage by paying the full premium. The Anti-Donations Act precludes the SoNM from making a contribution toward these employees with the exception of FMLA.

An employee is responsible to pay 100% of benefit premiums (both State, as well as employee portions) when:

- An employee is on LWOP, without FMLA coverage, and has no leave time to cover premiums
- An employee exhausts all FMLA total hours and has no leave time to cover premiums, or
- An employee is on Workers Compensation coverage and has no leave time to cover premiums

NOTE: payments must remain current, otherwise coverage will be terminated.

1. **LEAVE WITHOUT PAY (LWOP):**

   State employees on Leave Without Pay have the option to:

   1) Change their benefits since LWOP is considered a Qualifying Event due to job status change (must be within 31 days of starting LWOP), or
   2) Continue all coverage but are required to pay premiums by the end of each pay period to keep benefits in effect. Employees on LWOP are required to pay both the employee's and the State's premium amounts. Employees will receive notification from their HR Rep and it is their responsibility to pay by the due date and follow the established billing process. While on LWOP, failure to pay premiums **by the end of each pay period** will result in cancellation of coverage.

      In any instance of an employee going on LWOP, the State HR Rep must *immediately* issue required letters and documents found in the Forms section of this document. The State HR Rep is responsible for preparing invoices, collecting payments due, and **submitting payments to Risk Management Division Finance Bureau within five days of the end of each pay period**. The State HR Rep is responsible for maintaining accurate tracking of payments in the employee's personnel file, including copies of payments. If payment is not received three days before the end of the pay period, the HR Rep shall notify the employee that failure to pay will result in benefit termination. In the event an employee fails to make the required payment by the end of the pay period, the HR Rep shall immediately notify Erisa and the appropriate coding in job data will be completed to terminate benefits. HR Reps must also immediately send Erisa a COBRA Notification Form so that Erisa can send the employee the required COBRA information packet. If a participant on LWOP has their benefits cancelled due to lack of premium payment and they return to work, they will have to wait until the next open/switch enrollment, or a valid Qualifying Event, to enroll and start their benefits again.

      Upon an employee's return to work, the HR Rep is responsible for changing the appropriate coding in job data to reflect "return from leave."

2. **Flexible Spending Account (FSA):** If an employee is enrolled in a Flexible Spending Account, the employee has three options:

   a. Continue pledged payment amounts through HR Reps (**HR Rep must add this to premium invoices**),
   b. Stop pledged payment amounts while on LWOP and re-establish payments upon return to work (**NOTE**: an employee will not have access/use of their funds during the period of non-payment), or

c. Drop the program and reimbursement of expenses cease at the end of the month in which last payment is made.

   The employee must notify the FSA carrier and Erisa of the LWOP status. Call the FSA Program Administrator for more details (Phone: (855) 618-1800 – Erisa Administrative Services, Inc.).

3. **Unpaid leave under the FAMILY MEDICAL LEAVE ACT (FMLA):** Under the provisions of FMLA, an employee must be allowed up to 480 hours of leave per year for the employee's, or close family member's serious illness, or for the birth or adoption of a child provided they have a sufficient number of hours worked. While on leave under FMLA, the employer will continue its normal contribution toward coverage and the employee must pay the normal employee contribution.

   a. Eligible employees must have been employed for at least 1250 hours of service during the 12- month period immediately preceding the commencement of the leave.
   b. FMLA allows a 30-day grace period to submit premiums. It is the responsibility of the HR Rep to track and ensure premiums are being paid, keeping copies of payments. A 15-day Notice of Cancellation of coverage must be sent by the HR Rep to the employee prior to terminating coverage. If payment has not be received after 7 days of sending the Notice of Cancellation memo, HR must immediately notify Erisa by way of the Notification to Terminate Benefits Due to Non-Payment Form in order to cancel coverage, and be effective on the last date premiums were paid in full. Please include the Notice of Cancellation Memo, and all other supporting documentation with the Terminate Benefits Due to Non-Payment Form.
   c. When an employee is on FML, payroll is active. If the employee has sufficient money in their paycheck, the deductions will occur as normal. If the employee does not have enough money in their paycheck to cover their benefit deductions, then the employee must pay the monies owed. If employee fails to pay these premiums, their coverage will be terminated. State HR Reps must *immediately* issue required letters and documents found in the Forms section of this document if an FML employee begins paying their own premiums.
   d. In the event an employee fails to make the required payment by due date, the HR Rep shall immediately enter the appropriate coding in job data to terminate benefits. HR Reps must also immediately notify Erisa, who will send the employee the required COBRA information packet.
   e. Upon employee's request, health coverage will be reinstated with no new waiting period once employee returns to work. The HR Rep is responsible for changing the appropriate coding in job data. For Life coverage(s), as long as the employee returns to work within a 12-month period, all coverages may be reinstated without an EOI for employee or Spouse/Domestic Partner.

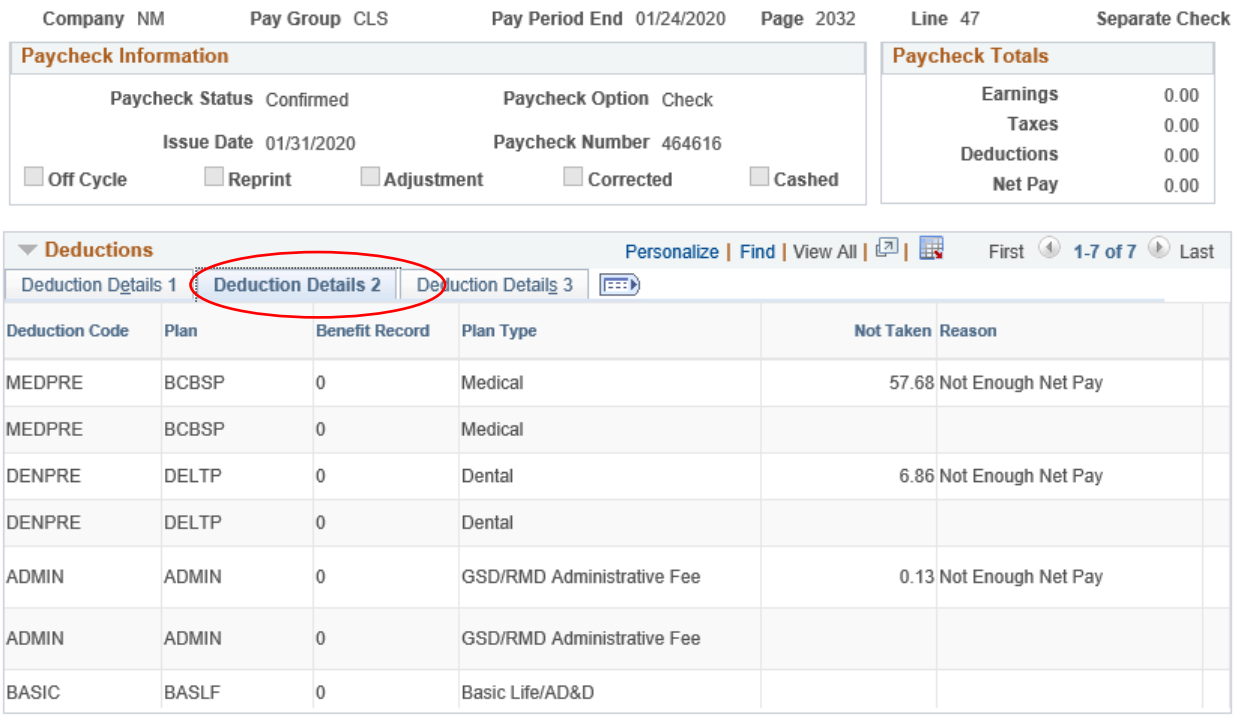
LPB EMPLOYEES:
LPB employees who do <u>not</u> have sufficient leave time to cover benefit premiums must self-pay their own premiums. These self-pay premiums must be given directly to their LPBs. The LPBs pay monthly invoices that include <u>all</u> LPB employees (i.e. active, FMLA, LWOP, Disability) which is why LPB self- pay employees give their premiums directly to their employer. Please work with your HR Reps for handling self-pay situations.

LEGISLATORS:
Legislators enrolled in the State's Group Benefits Plan will receive monthly invoices from the Administrative Services Division of the NM State General Services Department. It is each Legislator's responsibility to pay by the due date each month and follow the established billing process or risk losing benefits.

<u>Process for One-Time Deduction and Terminated/Retired Employees</u>

<u>Payroll deduction</u>: If premiums were not deducted from the employee's payroll, follow the steps below:

a. Make a 1-time deduction for the amounts shown in the employees review paycheck Deduction Detail 2 tab (shown below).



Company NM Pay Group CLS Pay Period End 01/24/2020 Page 2032 Line 47 Separate Check

Paycheck Information

Paycheck Status Confirmed Paycheck Option Check

Issue Date 01/31/2020 Paycheck Number 464616

☐ Off Cycle ☐ Reprint ☐ Adjustment ☐ Corrected ☐ Cashed

Paycheck Totals

Earnings	0.00
Taxes	0.00
Deductions	0.00
Net Pay	0.00

Deductions Personalize | Find | View All | First 1-7 of 7 Last

Deduction Details 1 | Deduction Details 2 | Deduction Details 3

Deduction Code	Plan	Benefit Record	Plan Type	Not Taken	Reason
MEDPRE	BCBSP	0	Medical	57.68	Not Enough Net Pay
MEDPRE	BCBSP	0	Medical		
DENPRE	DELTP	0	Dental	6.86	Not Enough Net Pay
DENPRE	DELTP	0	Dental		
ADMIN	ADMIN	0	GSD/RMD Administrative Fee	0.13	Not Enough Net Pay
ADMIN	ADMIN	0	GSD/RMD Administrative Fee		
BASIC	BASLF	0	Basic Life/AD&D		

b. Please review paychecks to determine the correct benefit termination date. Termination date is based on the last pay period ending of which the premiums were collected from employee via payroll deduction. The example below shows that PPE 01/10/2020 all premiums were taken. This would be the date you would use to determine the benefit termination date. When filling out the Notification-to-Term-Benefits form please use the day after the PPE which for this example would be 01/11/2020.

Company NM Pay Group CLS Pay Period End 01/10/2020 Page 2028 Line 46 Separate Check

Paycheck Information

Paycheck Status Confirmed Paycheck Option Advice

Issue Date 01/17/2020 Paycheck Number 7734966

☐ Off Cycle ☐ Reprint ☐ Adjustment ☐ Corrected ☐ Cashed

Paycheck Totals

Earnings	1,391.76
Taxes	201.95
Deductions	204.73
Net Pay	985.08

Deductions Personalize | Find | View 8 | First 1-13 of 13 Last

Deduction Details 1 | Deduction Details 2 | Deduction Details 3

Deduction Code	Description	Class	Amount	Calculated Base
MEDPRE	Medical Pre Tax	Before-Tax	57.68	
MEDPRE	Medical Pre Tax	Nontaxable Benefit	230.71	
DENPRE	Dental Pre Tax	Before-Tax	6.86	
DENPRE	Dental Pre Tax	Nontaxable Benefit	27.45	
ADMIN	GSD/RMD Admin Fee	After-Tax	0.13	
ADMIN	GSD/RMD Admin Fee	Nontaxable Benefit	0.50	
BASIC	Basic Life Insurance	Nontaxable Benefit	2.04	50,000.00
PERA	PERA Retirement	Before-Tax	124.14	1,391.76
PERA	PERA Retirement	Nontaxable Benefit	239.94	1,391.76
RETHC	Retiree Health Care	After-Tax	13.92	1,391.76
RETHC	Retiree Health Care	Nontaxable Benefit	27.84	1,391.76
WCEMP	Workers Compensation Employee	After-Tax	2.00	
WCST	Workers Compensation State Shr	Nontaxable Benefit	2.30	

HR can also run: Query: NMS_BN_DEDUCTIONS_NOT_TAKEN

Query Viewer

Enter any information you have and click Search. Leave fields blank for a list of all values.

*Search By Query Name begins with NMS_BN_DEDUCTIONS_NOT_TAKEN

Search Advanced Search

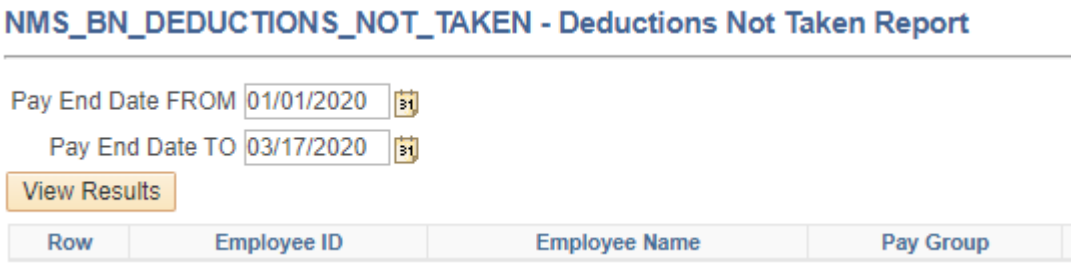
Search Results

*Folder View -- All Folders --

Query Personalize | Find | View All | First 1 of 1 Last

Query Name	Description	Owner	Folder	Run to HTML	Run to Excel	Run to XML	Schedule	Definitional References	Add to Favorites
NMS_BN_DEDUCTIONS_NOT_TAKEN	Deductions Not Taken Report	Public		HTML	Excel	XML	Schedule	Lookup References	Favorite

This report will show all deductions that have not been taken for employee(s) for a specific agency and pay period. HR departments should run the query on the Wednesday or Thursday following payroll.



	A	B	C	D	E	F	G	H	I	J	K
1	Deductions Not Taken Report	811									
2	Employee ID	Employee Name	Pay Group	Agency C	Pay Period End	Plan	Plan Typ	Deductn Cd	Dedn Class	Deduct Amount Not Taken	Reason
3	[redacted]		COF	77000	1/10/2020	ADMIN	Admin Fee	ADMIN	After-Tax	0.13	Net
4			COF	77000	1/10/2020	DELTP	Dental	DENPRE	Before-Tax	2.98	Net
5			COF	77000	1/10/2020	STDIS	STD/LTD	DISAB	After-Tax	4.56	Net
6			COF	77000	1/10/2020	PRESP	Medical	MEDPRE	Before-Tax	49.60	Net
7			COF	77000	1/10/2020	VISNP	Vision	VISPRE	Before-Tax	0.55	Net
8			COF	77000	1/10/2020		General	WCEMP	After-Tax	2.00	Net

Reasons for Terminations

Benefits termination due to non-payment of premiums

- The premiums were not paid via self-pay or payroll deduction on time

Benefit termination date is earlier than job termination date

- Employee was terminated after the start of a new payroll period and the termination of benefit is earlier then the termination date in Job Data (SHARE)

Please submit completed Notification to Term Benefits Form to Erisa, with a copy to the EBB email address below. Once received, Erisa will then terminate benefits in SHARE and notify carriers of termination date. The Notification to Term Benefits Form can be found at: www.mybenefitsnm.com/Documents/Notification-to-Term-Benefits.pdf.

Erisa Administrative Services, Inc.
Phone: (505) 244-6000 Fax: (505) 244-6009
Toll Free: 1-855-618-1800
Email: SONM@easitpa.com

CC: Katherine.Chavez2@state.nm.us of the Employee Benefits Bureau

XIV. RETIREMENT

LPB EMPLOYEES:
Please contact your HR Representative if you are retiring. LPB HR Representatives must *immediately* notify Erisa of all employee retirements to ensure accurate billing.

STATE EMPLOYEES:

1. A retiring State employee who will receive retirement benefits from either PERA or ERB can continue health coverage through the Retiree Health Care Authority (RHCA) or through COBRA (short-term up to 18 months). They should arrange for coverage through RHCA 3 months prior to retirement. **Even if it is known that employees will pick up coverage through Retiree Health Care Authority, Erisa's COBRA Unit must still be notified that the employee no longer has medical, dental, vision coverage as a State employee.**

RETIREE HEALTH CARE AUTHORITY
Toll-free: **1-800-233-2576**

2. Medical coverage under RHCA will always be effective on the 1st of the month. Employees have the option to elect COBRA to prevent any lapse of coverage until RHCA becomes effective. COBRA coverage would be pro-rated on a daily rate for eligible members. (See COBRA section for more details).
3. Upon retirement, employee is eligible for life coverage under RHCA. Retirees may be eligible to convert to an individual policy of comparable coverage. (For further information, please see RHCA's Summary Of Benefits at: http://www.nmrhca.org/uploads/FileLinks/491dc3100e974e80a0e8d080ac2bc8c8/Summary_of_Benefits_Booklet_2020_1.pdf)
   a. HR Reps should provide retirees with the Notice of Conversion Privilege form immediately; employees only have 30 days to convert their life insurance.

NOTE: To participate in RHCA coverage, an employee must have participated in PERA. The contact for the Public Employees Retirement Association is:

PUBLIC EMPLOYEES RETIREMENT ASSOCIATION (PERA)
P.O. Box 2123
33 Plaza La Prensa Santa Fe, NM 87507
(505) 476-9300 Toll free: **1-800-342-3422**

XV. REFUNDS

LPB EMPLOYEES:
The State does not directly refund premiums to LPB employees. Adjustments are made on the monthly LPB billing from Erisa/State. See your HR Representatives for refund processes. LPB HR Reps must communicate closely with Erisa re: refunds and adjustments to monthly premium invoices.

LEGISLATORS & COBRA PARTICIPANTS:
Call Erisa at 505-244-6000 or 1-855-618-1800 to discuss any refund issues/questions.

STATE EMPLOYEES:
Please follow these steps when submitting Refund Requests:

For current calendar year requests, please use the DFA refund request form, found under "Forms" at the bottom of page: http://www.nmdfa.state.nm.us/Central_Payroll_Bureau.aspx

- For requests of 4 pay periods or less: submit the forms directly to Central Payroll
- For requests of 5 pay periods or more: submit to RMD for review and approval. RMD will forward the request to DFA.

For past calendar year requests, please use the refund request forms found in the "Forms" section of this Benefits Administration Guide starting on page 58. There is a Memo for Agency Refund as well as a Memo for Employee Refund. One packet per Calendar Year is required.

1. **Copies of payroll deduction screens for the pay periods in question must be attached to each packet (employee refund and agency refund). Include the Contribution Schedule(s) for the specific Calendar Year the refund pertains to. If the refund pertains to more than one pay period please include an excel spreadsheet detailing each pay period, the premium that was withheld, and the amount that should have been withheld. Example:**

	Pd	S/H Pd	Differen	Pd	S/H Pd	Differen
PPE		Emplo	Emplo	State	State Share	

2. If an employee has moved to a different salary range during a calendar year and an adjustment was not made at that time, a separate refund request memo for each salary range must be prepared. If the employee worked for a different agency within the window of a refund request, a separate employer form must be prepared for that agency to be credited.

3. HR Reps: in order to avoid delays, please make certain that forms are complete, all pertinent information is attached and verification of eligibility for a refund has been done. No white out is acceptable. Please do not send EBB incomplete refund request forms; they will be returned.

For questions regarding State employee refunds, contact Risk Management at 505-827-0450**.**

XVI. DISABILITY

The State of New Mexico Disability Policy is a self-insured plan which was created to provide financial assistance to those that are unable to work for a period of time and lose income due to a sickness or injury (if not receiving Workers Compensation). This Disability Plan is not available to dependents. Participation in this Plan is voluntary. The premium is 100% paid by the *employee* after-tax. For claim forms and more details about the plan, please see the separate Disability Policy found on https://www.mybenefitsnm.com/Disability.htm.

The State's Third Party Disability Administrator, Erisa, manages the Disability program. All applications, forms, medical updates, inquiries, etc. should be sent *directly* to Erisa at:

Erisa Administrators
1200 San Pedro DR NE
Albuquerque, NM 87110
Fax: (505) 705 - 3311
Ph. 1-855-618-1800 (press 1)
https://www.mybenefitsnm.com/Disability.htm

- An eligible employee must be employed and working with his/her State Agency or LPB for at least a year and have paid Disability premiums for at least 12 *consecutive* months prior to claiming disability.

- The Disability policy is comprised of two benefits: Short Term Disability **(60% of weekly wages up to $500/week, for a maximum of 24 weeks, *after* a 28 day waiting/elimination period. Once waiting/elimination period is completed, Short Term Disability benefits are paid weekly)** and Long Term Disability (**18 months maximum or until approved for social security or retirement, 40% of wages up to $2,000/month paid monthly via direct deposit, one month in arrears**.)

- Employees must continue to make required premium contributions while on Short Term Disability to continue eligibility. HR Reps must remain in close contact with Erisa to notify them that premiums are being paid if on a self-pay situation. If premiums are not being paid, the claim will be closed due to non-premium payment.

- A claim for Disability can be filed even if the employee has not exhausted all of their annual, sick or donated leave time. The purpose of a Disability claim is to help prevent the employee from exhausting all of their leave balances so that when they return to work they may still have leave in their balances.

- A claim for Disability is initiated by the employee submitting completed claim forms to Erisa – see the Disability Policy on https://www.mybenefitsnm.com/Disability.htm for access to the forms. **It is the employee's responsibility to ensure all required forms and documentation are faxed directly to Erisa**. Erisa will send an email/letter to the individual who signed the Employer form notifying the HR Rep and employee that the claim has been accepted, denied or pending for additional information.

- The HR Representative must remain in close contact with Erisa to ensure the claims are not overpaid due to a claimant returning to work, terminating employment, or being approved for social security or retirement. **It is the claimant's responsibility to pay back to the State any over-payments received.**

Coordination of Short Term Disability Benefits and Other Paid Leave Formula if employee makes $20.83 hourly or less:

Hourly Wage x 40 = Weekly Wage Ex. 15.00/hr. x
40= $600
Weekly Wage x 60% = Disability Benefit Amount (maximum $500) Ex. $600 x 60%= $360
Weekly Wage - Benefit Amount = Amount that can be paid by other sources (annual, donated, sick, etc.…) Ex: $600-$360= $240
Amount that can be paid ÷ hourly wage = **number of hours that can be paid from other sources of payment**
Ex: $240 ÷ $15/hr = **16 hours**

Coordination of Short Term Disability Benefits and Other Paid Leave Formula if employee makes $20.84 hourly or more:

Hourly Wage x 40= Weekly Wage Ex: $22/hr x 40 = $880
Weekly Wage x 60% = Disability Benefit Amount (maximum $500) Ex: $880 x 60% =
$528 so we will pay to the maximum of $500
Weekly Wage - Benefit Amount = Amount that can be paid by other sources (annual, donated, sick, etc…) Ex: $880 - **$500** = $380
Amount that can be paid ÷ hourly wage = **number of hours that can be paid from other sources of payment**
Ex: $380 ÷ $22/hr. = **17.27 hours**

For more information please see the Disability Policy on: https://www.mybenefitsnm.com/Disability.htm

XVII. PREMIUM STATEMENTS FOR LOCAL PUBLIC BODIES (LPBS)

Monthly premium statements for all LPBs will be prepared by Erisa and sent electronically by the Administrative Services Division (ASD) of the NM State General Services Department.

When submitting monthly premium payments, based on SunSystems-generated invoices, each LPB must submit **two (2)** payment checks: one check is for the combined total of all Life coverage premiums, and the second check is for the combined total of all other benefits premiums (medical, dental, vision, disability). **All established billing processes must be followed and payment received as instructed on the electronic invoices. The invoice received from ASD must accompany the remittance check(s).**

PLEASE NOTE: **Late payments will be assessed a late penalty fee.**

Erisa, the State's Group Benefits Plan administrator, periodically conducts audits to ensure accurate data on LPB participants, including exact benefit coverages. Due to the importance of maintaining current benefit details, LPBs must return to Erisa the requested audit information within two (2) weeks of receipt.

XVIII. COBRA ADMINISTRATION

Employers who have 20 or more employees, and offer health coverage to those employees, are required to offer a continuation of coverage to those employees and their dependents under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) based on Qualifying Events. Please refer to the COBRA Administration section of this guide for the qualifying events, forms and additional requirements.

Erisa's COBRA Unit provides the following services to assist the State's Group Benefits Plan in its compliance with COBRA:

- Notify qualified beneficiaries about their right to continue coverage.
- Calculate premium billings and notify the Administrative Services Division of the NM State General Services Department, who will send out monthly invoices to COBRA participants (former employees, spouses/domestic partners, divorced spouses/ex-domestic partners, and children).
- Follow up on individuals who are late with premium payments and terminate individuals as appropriate.
- Monitor the expiration date of coverage and terminate individuals at the end of their continuation period (maximum of 18 months).
- Notify participants turning 65 that COBRA coverage will cease the first of the month upon attaining age 65. At this time, all eligible dependents will be informed that they may continue up to a 36-month maximum.
- Respond to questions from participating employees or dependents about the status of their coverage.

COBRA OVERVIEW

1. Once Erisa receives the COBRA transmittal from the HR Representative, a qualifying event letter is sent to the eligible participant and/or dependents. This letter gives payment timeframes, important addresses and telephone numbers.
2. Once the participant decides to enroll in COBRA, the application is sent directly to Erisa. The application is reviewed for completeness and then enrolled into the billing system (24-48 hour turnaround).
3. A billing statement is produced once the enrollment form is received and once a month thereafter. Bills will be prorated for a partial month payment for the first and last month if COBRA was started/ended in the middle of a month.

4. Participants will receive monthly invoices from the Administrative Services Division of the NM State General Services Department. It is the participants' responsibility to pay by the due date each month and follow the established billing process. Failure to pay premiums will result in cancellation of coverage.
5. Any changes (eg.: request to end COBRA, address, or coverage changes) are sent in writing, or by way of fax to Erisa and processed by the COBRA Unit.
6. If the employee had continued coverage under COBRA during the period between termination and rehire, notify Erisa's COBRA unit of employee's COBRA termination date.

BASICS OF COBRA COMPLIANCE

1. The HR Representative must notify every employee and every covered dependent of all their rights under COBRA when they first become covered under the group plan. Separate notices must be sent if separate residences are maintained. This applies to all current and future employees and covered dependents.

2. Each time a qualifying event occurs, Erisa must notify, within 14 days of receipt of notice of the qualifying event, each qualified beneficiary of his or her continuation rights, benefits and premium rates applicable to the plan (s) for which they are eligible.

3. For each kind of notification, good faith compliance has been defined as first class mail, addressed to the employee and covered dependents, sent to the last known home address. If the dependent lives at a separate address, separate notifications must be sent.

WHAT IS A COBRA QUALIFYING EVENT?

A qualifying event is any of the following events which would cause a loss of coverage by a qualifying beneficiary under the plan:

1. Termination (other than for gross misconduct) of the employee's employment, for any reason (layoff, resignation, retirement, etc.)
2. Reduction of hours worked by an employee
3. Survivors upon death of the employee
4. Divorce or legal separation
5. Dependent child ceasing to meet eligibility requirements
6. Coverage lost because the active employee elects to make an alternate primary coverage, thus becoming ineligible under the State plan

WHO IS A PRE - QUALIFIED BENEFICIARY?

A pre-qualified COBRA beneficiary is any employee, or covered dependent, who was covered on the date before the qualifying event and would lose coverage under the plan, at any time, because of the qualifying event.

RISK MANAGEMENT DIVISION'S POLICY:

Domestic Partners and the dependent children of Domestic Partners will be eligible for COBRA if they incur a qualifying event the same as an employee.

Length of COBRA Continuation Coverage

The chart below summarizes the length of continuation coverage to which an employee or dependent is entitled as a qualified beneficiary.

Qualified Beneficiary	Length of Coverage	Initial Qualifying Event
The employee and their dependents including newborns and adopted children	• 18 months from the date of the qualifying event • an additional 11 months if you become disabled within the first 60 days of the qualifying event	• reduction in work hours • termination of employment
Dependents including newborns and adopted children.	• 36 months from the date of the qualifying event	• divorce or legal separation • child's loss of dependent status • entitlement to Medicare • death
The employee and their dependents	• an additional 11 months, or a total of 29 months from the date of the qualifying event which started the COBRA continuation coverage	• if before or within 60 days of the initial COBRA continuation coverage, the employee (or their dependent) become disabled, coverage may be extended for 11 months
Dependents	• an additional 18 months or a total of as many as 36 months from the date of the first qualifying event	• if the dependent has already elected 18 months of COBRA coverage and experiences a second qualifying event, coverage may be extended to 36 months from the first qualifying event

HOW TO COMPLETE THE COBRA NOTIFICATION FORM

Used for State, LPB's and Domestic Partner set-up

The COBRA notification form **must be submitted by HR Reps to Erisa** when loss of any benefit coverage occurs. This includes life and disability. The purpose of this form is to remove the employee/dependent from active benefits AND to alert Erisa's COBRA Unit to issue the initial COBRA enrollment packet. If the information is not complete, Erisa will return the form to the HR Representative who sent the COBRA initiation notification.

1. Please fill out form COMPLETELY, making sure to indicate Social Security Number, Name and Date of Birth for **each** individual. Make sure a complete address is provided.
2. Indicate *COBRA Effective Date* (month, date, year) that COBRA coverage will begin. The effective date is the day after the person is terminated from the State's plan.
3. Indicate *level of coverage* (E= Employee Only, S = Employee plus Spouse, C = Employee + Child/

Children, F = Family Coverage).

4. Indicate *Event Code* using the following list:

1) Reduction in Work Hours	2) Termination of Employment
3) Death of Employee	4) Dependent Ceasing to be Eligible
5) Legal Separation or Divorce	6) Social Security Disability
7) Voluntary Termination	8) Retirement

5. Indicate the Plan Number as it appears on the current COBRA notification form.
6. Indicate Original Hire Date (month, date, year).
7. Indicate Original Effective Date (month, date, year) of coverage that the employee or dependent became covered under any State sponsored plan. (Dependent effective dates may vary from the employee's date of coverage if the employee has added dependents.)
8. Indicate Termination Date of Coverage on the Active Plan (date of benefit plan termination not employment). Remember this date should be on a pay period ending date if coverage is for employee or employee and family. Dependents may have a termination date in the middle of a pay period (dependent reaches age 26 or divorce is finalized on a specific day).
9. Notification forms for dependents must have employees' information on top line, followed by dependents information.

Note: Dependents information should include date of birth, social security number, address, event, original effective date and termination date. Do not complete the "Hire Date" for dependents.

STATE OF NEW MEXICO
COBRA Notification Form

Client Name: State of New Mexico
State Agency/LPB Code: _____
Group Rep Name: _____
Group Rep Telephone #: _____
Date Submitted: _____

Email To: SONM@easitpa.com

please complete one form per employee

SS #	Name	Complete Address City, State & Zip Code	Date of Birth

Cobra Eff. Date	*Level	**Qualifying Event	Plan #	Date of Hire	Orig Eff. Date of Coverage	Term Date of Coverage

***Level:** E=Employee, S=Employee plus spouse, F=Family, C=Employee plus child/children

Plan Number: #1=BCBS PPO, #2=PRES HMO, #3=BCBS HMO, #4=Delta Dental, #5=Vision Service Plan, #6=Employee Supplemental Life, #7=Dependent/Spouse/DP Life, #8=Dependent Child

****Event Code:** 1=Reduction in Work Hours
2=Termination of Employment
3=Death of Employee
4=Voluntary Termination
5=Legal Separation or Divorce
6=Social Security Disability
7=Retirement

Reason For Termination:

_____

_____

_____

_____

_____

_____

XIX. FORMS

Following are samples of some of the materials you will use in administering the State's Group Benefits Plan:

1. **INSTRUCTIONS FOR NEW HIRE WELCOME MEMO**
2. **NEW HIRE ORIENTATION ACKNOWLEDGEMENT FORM**
3. **NEW HIRE ORIENTATION PACKET CHECKLIST**
4. **COBRA FORM–NOTICE OF RIGHTS TO CONTINUE COVERAGE**
5. **STATE EMPLOYEE FMLA/LWOP PREMIUM TRANSMITTAL FORM**
6. **LWOP MEMO: FIRST, SECOND, AND FINAL NOTICES TO EMPLOYEE**
7. **LWOP SAMPLE LETTER FOR CANCELATION OF COVERAGE**
8. **NOTICES- GROUP INSURANCE COVERAGE DURING LEAVE PER FMLA**
9. **AFFIDAVIT OF DOMESTIC PARTNERSHIP**
10. **DOMESTIC PARTNERSHIP: NOTICE OF TERMINATION**
11. **HIPAA PRIVACY POLICIES AND PROCEDURES**
12. **EMPLOYEE NOTICE OF PRIVACY PRACTICES *(MUST BE READ & SIGNED BY EMPLOYEE UPON HIRE)***
13. **PREMIUM ONLY PLAN (POP) SUMMARY AND FORMS FOR STATE AND LPBS**
14. **EMPLOYEE REFUND: PAST CALENDAR YEAR REQUEST FOR REFUND FORM**
15. **AGENCY REFUND: PAST CALENDAR YEAR REQUEST FOR REFUND FORM**
16. **NOTIFICATION TO TERM BENEFITS**

Form #1: Instructions for New Hire Welcome Memorandum

It is the HR Representative's responsibility to:

1. **Upon hire, if employees are eligible for benefits, please give them a copy of the most recent Employee Benefits Instruction Sheet found on the State's benefits website at the below link.**

2. **Ensure that employees:**

    a. **Read the instructions,**
    b. **Understand their required actions and due dates,**
    c. **Sign the sheet (both employee and HR Rep),**
    d. **Receive a signed copy for themselves, and**
    e. **You (HR) keep the original signed sheet in their personnel files.**

3. **In addition, give new eligible employees the Form #2 "New hire Orientation Acknowledgement Form" provided in this Admin Guide (both employees & HR Reps sign Form #2. Employees receive a copy and HR Rep keeps signed original in personnel files)**

Link to Employee Benefits Instruction Sheet: https://www.mybenefitsnm.com/bene-instruction.htm

State of New Mexico
Benefits Eligibility Acknowledgement

Congratulations on your recent employment.

This document contains important information regarding health benefit options that are offered to you as a benefit-eligible employee through the State of New Mexico (SoNM). The document must be read (to its entirety), signed, dated and returned within the first week of employment to your Agency's Human Resource Office.

Should you have any questions regarding benefit options, eligibility, form requirements or deadlines, please contact the SoNM's Third Party Administrator (TPA); Erisa Administrative Services, Inc., at 1-855-618-1800.

Below is a list of benefits available to you:

CARRIER	GROUP NUMBER	CUSTOMER SERVICE LINE	WEBSITE
EMPLOYEE ASSISTANCE PROGRAM (EAP) The Solutions Group (TSG)	N/A	1-855-231-7737	www.solutionsbiz.com/SONM
PRESBYTERIAN - HMO	GR002191	1-888-275-7737	www.phs.org
BCBS OF NEW MEXICO - HMO	N66004	1-877-994-2583	www.bcbsnm.com/sonm
BCBS OF NEW MEXICO – PPO	266002		
EXPRESS SCRIPTS, INC.	SONMRXP	1-800-743-1720	www.express-scripts.com
DELTA DENTAL	8523	1-877-395-9420	www.deltadentalnm.com
DAVIS VISION	7468	1-877-923-2847	www.davisvision.com
SONM SHORT/LONG TERM DISABILITY Erisa Administrative Services, Inc.	N/A	1-855-618-1800	mybenefitsnm.com/Disability.htm
THE HARTFORD	681601	1-855-618-1800	https://www.mybenefitsnm.com/TermLife.htm
FLEXIBLE SPENDING ACCOUNT (FSA) Erisa Administrative Services, Inc. and ERISA Trust	N/A	855-618-1800	https://www.mybenefitsnm.com/FSA.htm
COBRA Erisa Administrative Services, Inc.	N/A	855-618-1800	https://www.mybenefitsnm.com/COBRA.htm

Information regarding the benefits offered through the SoNM, as well as the on-line enrollment form, carrier contact information, etc., can be found at www.mybenefitsnm.com.

EMPLOYEE ELIGIBILITY

To be eligible for coverage an employee must be hired as Classified, Exempt, Probationary, Temporary, Term or Hourly and scheduled to work 20 hours or more per week**.**

DEPENDENT ELIGIBILITY

To be eligible for coverage a dependent must be one of the following:

- A lawful spouse or a Domestic Partner (DP);
- A biological child, adopted child, step-child (if married to the biological parent), or child of the DP

Dependent children may be covered up to the end of the month of their 26th birthday

DUE DATES

Enrollment/Waiver Form - new hires must complete the on-line Benefits Enrollment/Waiver Form **with-in 31** calendar days of hire date. **Enrollment must be completed on line.** The on-line form must be completed even if employee intends to waive coverage to all offered benefits. The Benefits Enrollment/Waiver Form can be found at www.mybenefitsnm.com under the **Enrollment** link located on the Gold Bar, top of page. If enrollment is not received 31 calendar days from the date of hire, enrollment into the benefits program will not be allowed until the next Annual Open enrollment or a qualifying event (see Qualifying Event section on next page). No exceptions will be made.

Proof of Dependency Documents – must also be submitted **with-in 31 calendar days** of date of hire

DEPENDENT ENROLLMENT

It is strongly recommended to fax the proof of dependency documentation to the TPA (505-244-6009) the same day as the on-line enrollment/waiver form is submitted in order to avoid any delays in coverage. If the required documentation is not received **within 31 days of the date of hire**, the dependent will not be added to coverage. **Note:** The next opportunity for enrollment would then be with either a Qualifying Event (QE), or at the next annual Open Enrollment.

Proof of dependency documents consist of: marriage certificate, domestic partner affidavit, birth certificate**, court issued placement or adoption papers, or the domestic partner affidavit listing the eligible dependent.

**If a birth certification is not available, please contact the TPA for other possible options.

BENEFITS EFFECTIVE DATE

Benefits will be in effect the first day of the third pay period – from the date of hire.

HEALTH BENEFIT PREMIUM RATES

The Benefits Contribution Schedule can be found at www.mybenefitsnm.com under the **Enrollment** link located on the Gold Bar, top of page.

> **Note:** Annualized salary is based on a 40-hour workweek, which is used to determine insurance premiums for those hired on an hourly-basis, even if they are scheduled to work less than 40 hours per week.

QUALIFYING EVENTS – Change of Status

If a qualifying event (shown below), is experienced and employee wishes to make changes to elected benefits, these changes must be made using the on-line Benefits Enrollment/Waiver Form. The form, as well as the documentation supporting the qualifying event must be submitted within **31 calendar days** of the event.

- Change in marital status such as marriage, domestic partnership (DP), divorce/legal separation or termination of DP.
  Note: Failure to remove the ex-spouse/DP and DP child/ren or step child/ren within **31 days** of becoming **ineligible** may forfeit employee's ability to participate in the State's Benefits Program.
- Birth of a child, court approved adoption, placement for adoption, or legal guardianship.
- Death of a dependent.
- Change in job status of SoNM employee: employment (changing from part-time to full-time or vice versa), reduction in hours due to FML, LWOP, and/or Disability, or Military Leave.
- Change in job status of spouse/domestic partner resulting in loss of group coverage due to termination or gain of other coverage due to new employment.
- Any other circumstance where the employee had outside coverage, then loses the coverage due to circumstances beyond their control, eligibility to participate in SoNM's Benefit Program must be evaluated by the Risk Management Division.

NOTE: Loss of a provider or provider group from carrier coverage is not a qualifying event.

ACKNOWLEDGEMENTS

☐ I understand it is my responsibility to elect and submit coverage for myself and my eligible dependents within 31 days from the date of hire or a qualifying event. I also understand that if I do not do so within 31 days, the next available opportunity will be either 31 days from a qualifying event, or the next annual Open Enrollment event

☐ I understand it is my responsibility to remove any dependents who do not meet the eligibility requirements, within the 31 days of the dis-qualifying event. Failure to do so may result in my losing the ability to participate in any health benefits offered by the SoNM, as well as full reimbursement of all claims paid out on behalf of the dis-qualified dependent.

☐ I understand it is my responsibility to review my bi-weekly pay advice to ensure deductions are accurate. If deductions are not accurate I must contact the TPA (1-855-618-1800) immediately.

By signing this form employee acknowledges they have read this document in its entirety and understand their responsibilities required to participate in the State of New Mexico's Benefits Program.

Employee Name/Employee ID# (Print)	**Employee Signature**
***Please keep a copy of this form for your records**	
HR Representative Signature	**Date**

Form #3: New Hire Orientation Packet Checklist

NEW HIRE ORIENTATION PACKET CHECKLIST

___ Provide new hire the Welcome Letter to New Employees
___ New hire has read & signed the New Hire Acknowledgement Form – HR Representative keeps original in personnel file and provides a copy to employee
___ STATE employees: New hire has read & signed the Employee Benefits Instruction Sheet (found on benefits website at: https://www.mybenefitsnm.com/bene-instruction.htm HR Representative keeps original in personnel file and provides a copy to employee
___ Directions have been provided to the State benefits website (www.mybenefitsnm.com)
___ Provide new hire the POP Summary sheet and POP Waiver form; if applicable
___ Provide new hire a copy of RMD's Privacy Policies & Procedures (HIPAA)
___ New hire has read & signed the Notice of Privacy Practices (HIPAA) – HR Representative keeps original in personnel file and provides a copy to employee
___ Schedule the employee to attend an Orientation meeting; OR if not possible due to an employee's location, explain benefits by telephone (State employees will receive health/life benefit information from www.mybenefitsnm.com and Erisa at 1-855-618-1800).
___ Instruct **State** employees to enroll in benefits online at the Enrollment section at the following website: www.mybenefitsnm.com . They must click on "submit" at the end of the online enrollment to send enrollment directly to Erisa for processing. Proof of Dependency documentation must be faxed to Erisa *on the same day* as enrollment (fax: 505-244-6009)
___ Instruct **LPB** employees to enroll in benefits through their HR Representatives. Completed & signed enrollment forms, as well as Proof of Dependency documentation, must be sent to Erisa immediately for processing
___ If an employee elects life coverage, they must complete/sign a beneficiary form, keep a copy for their files, and submit the original to their HR Representative. The HR Rep will keep the original in their personnel file and submit a copy to Erisa.
___ **State** employees: payroll deductions will begin automatically once Erisa enters enrollment information into SHARE
___ **LPB** employees: HR Representatives must set up proper payroll deductions for all coverage
___ Instruct employees that it is their responsibility to regularly review their pay advices to ensure correct benefit premiums are being deducted

PRINT Employee's Name _____

_____	_____	_____	_____
Employee's Signature	Date	HR Representative's signature	Date

Form #4: COBRA Form: Notice of Rights to Continue Coverage

To: The Family of _____
EMPLOYEE'S NAME

XX. NOTICE OF RIGHTS TO CONTINUE COVERAGE

On April 7, 1986, a federal law was enacted [Public Law 99-272, Title X] requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. [***BOTH YOU AND YOUR SPOUSE SHOULD TAKE THE TIME TO READ THIS NOTICE CAREFULLY.***]

If you are a participant in the State's Group Benefits Plan and are covered by a Blue Cross & Blue Shield or Presbyterian Health Plan, Delta Dental, or Davis Vision, you have the right to choose this continuation coverage if:

1) Reduction in Work Hours 2) Termination of Employment, except for gross misconduct
3) Death of Employee 4) Dependent Ceasing to be Eligible
5) Legal Separation or Divorce 6) Social Security Disability
7) Voluntary Termination 8) Retirement

Under the law, **the employee or a family member** has the responsibility to inform the Human Resources Office, who will inform the Third Party Administrator, Erisa, if there is a divorce, legal separation, or a child losing dependent status under the laws of the State of New Mexico, within 31 days of the date of the event or the date in which coverage would end under the plan because of the event, whichever is later. The HR Representative has the responsibility to notify the Erisa of any of the COBRA qualifying events.

Erisa will send you a COBRA enrollment packet, including notification of your right to choose continuation of coverage. Under the law, you have 60 days from the date you lose coverage to elect COBRA.

If you choose continuation of coverage, it must be identical to the coverage you had as of the qualifying event. Please call Erisa's COBRA Unit for details on length of coverage.

The law provides that your continuation coverage may be terminated for any of the following reasons:

1. The State of New Mexico no longer provides group health coverage to any of its employees;
2. Employer group is no longer a participant in the State's Group Benefits Plan;
3. The premium for your contribution coverage is not paid on time;

4. You become covered by another group plan, unless the plan contains any exclusions or limitations;
5. You become entitled to Medicare;
6. Your classification of disability ends.

Premium payments are due upon receipt of the monthly invoice. There is a grace period of 45 days for payment of the monthly premium. **Any attempt to make payment after the expiration of the 45-day grace period will not be accepted. Failure to make premium payment will result in termination of coverage.**

This law applies to medical, dental and vision coverage beginning on July 1, 2000 under Section 10002(d) of COBRA.

If you have any questions about the law please contact Erisa COBRA Unit at 1-855-618-1800.

EMPLOYEE BENEFITS BUREAU: LEAVE WITHOUT PAY (LWOP) BENEFIT PREMIUM TRANSMITTAL FORM

Please submit form with payment to your HR Department by:_____.

State Agency Name:_____ **Date**: _____

HR Rep:_____ **Contact Phone #:**_____

Employee Name:_____ **Employee ID #:** _____

Pay Period Ending(s):_____

HR Comments:_____

Type of leave employee is currently on: SELECT ONE	**Employee Portion Due**	**State Portion Due**
Medical SELECT ONE **Tier** SELECT ONE		
Delta Dental **Tier** SELECT ONE		
Davis Vision **Tier** SELECT ONE		
Disability (self-pay premium)		N/A
Flexible Spending Account (FSA) Health Care		N/A
Flexible Spending Account (FSA) Dependent Care		N/A
Flexible Spending Account (FSA) Trans/Parking		N/A
Employee Supplemental Life AD&D		N/A
Dependent Life AD&D – Spouse/Domestic Partner		N/A
Dependent Life AD&D – Child(ren)		N/A
Admin Fee		
Total	$ 0.00	$ 0.00
Total Amount Due (Must submit the exact amount)	$ 0.00	

NO PERSONAL CHECKS: THE TOTAL AMOUNT DUE MAY BE ON ONE MONEY ORDER/CASHIERS CHECK AND MADE PAYABLE TO RISK MANAGEMENT DIVISION. Please send payment to your HR Department.

LEAVE WITHOUT PAY (LWOP): Employees on LWOP are responsible for paying 100% of the gross premium of all elected health benefit coverages in force. Premium payment is due by the Friday following the end of the pay period.

FAMILY MEDICAL LEAVE (FML): Exceptions to the above is if an employee is on LWOP and on FML. The employee is responsible for paying **employee share** of the gross premium of all elected health benefit coverages in force. Employees are given a 30 day grace period from the end of each pay period to make payment.

Failure to submit payment by the due date will result in a loss of coverage. Certain situations allow re-enrollment. Please review the Self-Pay Premium Situations" Section in the Risk Management Administrative Guide found at www.mybenefitsnm.com – Forms, Guidelines, and Policies.

DISABILITY: This includes employees receiving Disability benefits while on a LWOP status. Employees on Short-Term Disability must continue to pay their disability premium to be eligible for disability benefits. If keeping other benefits, employee is required to pay whatever premium is due. Once an employee has been approved and is receiving a Long-Term benefit, disability premiums are waived, but benefit premium payments must continue to be paid.

LEAVE WITHOUT PAY (LWOP) NOTICE

FOR USE WITH STATE EMPLOYEES
NOTICE TO EMPLOYEE

INITIAL NOTICE

(Date)

(Name/Address)

Regarding: BENEFIT COVERAGE DURING LEAVE WITHOUT PAY (LWOP)

Date Leave Without Pay began _____

Benefits Plan coverage(s) _____

Dear (Employee Name):

SoNM employees on Leave Without Pay status are required to pay benefit premiums **by the end of the pay period in which they are due**, in order to keep benefit coverage in effect. If you are on LWOP, you are required to pay **both** the employee's, as well as the employer's premium amounts. These payments must be submitted to your HR Representative before the pay period end date, and the HR Rep must submit payment to the Risk Management Division within 5 days from pay period end date.

It is extremely important to adhere to the payment requirements outlined below in order to prevent loss of benefit coverage.

CARRIER PAY PERIOD AMOUNT DUE PREMIUMS DUE DATE(S)

Premiums are due on the dates shown above. These payments may be paid by cashier's check or money order and must be made payable to the Risk Management Division. Please note, Medical, Dental, Vision, Life, Disability, Flex NM (FSA), and Administrative Fees may all be paid with one Money Order or Cashier's Check.

Failure to pay premium amount(s) by the above specified due date(s) will result in cancellation of coverage, which may not be reinstated when you return to work. To get coverage again, you may have to wait for the next open enrollment, or a valid Qualifying Event.

Thank you for giving this matter your immediate attention. If you have any questions, please contact me at (phone#).

Sincerely,

(HR REP)

LEAVE WITHOUT PAY (LWOP) NOTICE

FOR USE WITH STATE EMPLOYEES
NOTICE TO EMPLOYEE

SECOND NOTICE

(Date)

(Name/Address)

Regarding: BENEFIT COVERAGE DURING LEAVE WITHOUT PAY (LWOP)

Date Leave Without Pay began _____

Benefits Plan coverage(s) _____

Dear (Employee Name):

SoNM employees on Leave Without Pay status are required to pay benefit premiums **by the end of the pay period in which they are due**, in order to keep benefit coverage in effect. If you are on LWOP, you are required to pay **both** the employee's, as well as the employer's premium amounts. These payments must be submitted to your HR Representative before the pay period end date, and the HR Rep must submit payment to the Risk Management Division within 5 days from pay period end date.

It is extremely important to adhere to the payment requirements outlined below in order to prevent loss of benefit coverage.

CARRIER PAY PERIOD AMOUNT DUE PREMIUMS DUE DATE(S)

Premiums are due on the dates shown above. These payments may be paid by cashier's check or money order and must be made payable to the Risk Management Division. Please note, Medical, Dental, Vision, Life, Disability, Flex NM (FSA), and Administrative Fees may all be paid with one Money Order or Cashier's Check.

Failure to pay premium amount(s) by the above specified due date(s) will result in cancellation of coverage, which may not be re-instated when you return to work. To get coverage again, you may have to wait for the next open enrollment, or a valid Qualifying Event.

Thank you for giving this matter your immediate attention. If you have any questions, please contact me at (phone#).

Sincerely,

(HR REP)

SEND CERTIFIED MAIL

LWOP CANCELLATION OF COVERAGE (Sample Letter)

FINAL NOTICE

(Date)

(Name, Inside Address)

Dear (Employee Name):

Upon receiving a Personnel Action Form placing you on Leave Without Pay (LWOP) status beginning _____(date), this office sent you two prior notices providing you with premiums amounts and their due date in order to keep your benefits coverage in effect.

To date we have not received a response from you, therefore this letter is to advise you that your benefits coverage(s) will be cancelled if payment is not received in this office on or before _____(2 weeks from date of this notice).

If benefits are cancelled due to non-payment, please be advised that your benefits will be made to end on the last day of the pay period in which the last premium payment was made. Any claims incurred after that time will be your full responsibility.

We regret this action has become necessary however, in order to avoid loss of benefit(s) coverage, all benefit premiums due must be submitted to this office on or before the due date stated above, no exceptions.

Upon return to work and have been on LWOP (instead of unpaid FML), you will have to wait until the next Open/Switch Enrollment Period, or a have experienced a valid Qualifying Event in order to start your benefit coverage(s) again.

Sincerely,

(HR Rep)
Title

Form #7: LWOP Sample Letter for Cancelation of Coverage

SEND CERTIFIED MAIL

(DATE)

(INSIDE ADDRESS)

Dear _____:

Upon receiving a personnel action form placing you on Leave Without Pay (LWOP)/ Unpaid Family Medical Leave (FMLA) status beginning _____ (Date), this office sent you a memorandum providing you with the dates and amount of premiums due in order to keep your benefits coverage in effect. FMLA guidelines allow a 30 day grace period for submitting premiums.

To date, we have not had a response from you. Therefore, this letter is to advise you that your benefits coverage(s) will be canceled if payment is not received in this office by _____ (Date).

We regret that this action has become necessary. However, premiums need to be submitted by the due date. Due to lack of response, we can only assume that you have no need to continue your benefits. Upon return to work, benefits can be reinstated if you have been on FMLA. If you have been on LWOP and not unpaid FMLA, you will have to wait until the next open/switch enrollment period, or a valid Qualifying Event, to start your benefit coverage again.

Sincerely,

Name
Title

Notice- Group Insurance Coverage During Leave per FMLA

FOR USE WITH STATE EMPLOYEES
NOTICE TO EMPLOYEE

INITIAL NOTICE

DATE:

TO:

FROM:

SUBJECT: GROUP INSURANCE COVERAGE DURING FAMILY MEDICAL LEAVE (FMLA)

Date Family Medical Leave began _____
Group Benefits Plan coverage(s) _____

State employees on Family Medical Leave are required to pay premiums by the end of the pay period in which they are due, in order to keep benefits in effect. If you are on FMLA you are required to pay only the employee's share of the premium. FMLA allows a 30 day grace period for submitting premiums.

It is extremely important to pay close attention to the payment requirements outlined below so that coverage is not lost.

CARRIER PAYPERIOD AMOUNT DUE DATE (S) PREMIUMS DUE

The insurance premiums are due on the dates shown and are payable by cashier's check or by money order. Remember medical, dental, vision, life, disability, Flex NM (FSA), and Administrative Fees can be made on one Money Order or Cashier's Check and must be made payable to Risk Management Division.

Non-payment of the premium amount(s) by the due dates specified above will result in cancellation of your coverage. Failure to pay premiums while on FMLA will result in the termination of group insurance. Upon return to active work, coverage will be reinstated.

If you have any questions, please contact me at_____. Thank you for giving this matter your prompt attention.

Notice- Group Insurance Coverage During Leave per FMLA

FOR USE WITH STATE EMPLOYEES
NOTICE TO EMPLOYEE

SECOND NOTICE

DATE:

TO:

FROM:

SUBJECT: GROUP INSURANCE COVERAGE DURING FAMILY MEDICAL LEAVE (FMLA)

Date Family Medical Leave began _____
Group Benefits Plan coverage(s) _____

State employees on Family Medical Leave are required to pay premiums by the end of the pay period in which they are due, in order to keep benefits in effect. If you are on FMLA you are required to pay only the employee's share of the premium. FMLA allows a 30 day grace period for submitting premiums.

It is extremely important to pay close attention to the payment requirements outlined below so that coverage is not lost.

CARRIER PAYPERIOD AMOUNT DUE DATE (S) PREMIUMS DUE

The insurance premiums are due on the dates shown and are payable by cashier's check or by money order. Remember medical, dental, vision, life, disability, Flex NM (FSA), and Administrative Fees can be made on one Money Order or Cashier's Check and must be made payable to Risk Management Division.

Non-payment of the premium amount(s) by the due dates specified above will result in cancellation of your coverage. Failure to pay premiums while on FMLA will result in the termination of group insurance. Upon return to active work, coverage will be reinstated.

If you have any questions, please contact me at_____. Thank you for giving this matter your prompt attention.

SEND CERTIFIED MAIL

FMLA CANCELATION OF COVERAGE (Sample Letter)

FINAL NOTICE

(Date)

(Inside Address)

Dear (Employee Name):

Upon receiving a Personnel Action Form placing you on Family Medical Leave (FMLA) status beginning _____(date), this office sent you two notices providing you with the dates and amounts of premiums due in order to keep your benefits coverage in effect. FMLA guidelines allow an employee a 30-day grace period to submit benefit premiums, however as of today, we have not received any response or premium payment from you.

Therefore, this letter is to advise you that your benefits coverage(s) will be canceled if payment is not received in this office on or before _____(30 days from date of this notice).

If benefits are canceled due to non-payment, please be advised that the last day of your benefit coverage(s) will be the last day of the pay period in which the last premium payment was made. Any claims incurred after that time will be your full responsibility.

We regret this action has become necessary however, in order to avoid loss of benefit(s) coverage, all benefit premiums due must be submitted to this office on or before the due date stated above, no exceptions.

Upon return to work, benefits can be reinstated if you have been on FMLA. If you have been on LWOP (not unpaid FMLA), you will have to wait until the next Open/Switch Enrollment Period, or a have experienced a valid Qualifying Event, in order to start your benefit coverage(s) again.

Sincerely,

Name
Title

Michelle Lujan Grisham
GOVERNOR

Kenneth Ortiz
CABINET SECRETARY

State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
(505) 827-0620

BUILDING SERVICES DIVISION
(505) 827-2349

PROPERTY CONTROL DIVISION
(505)827-2141

PURCHASING DIVISION
(505) 827-0742

RISK MANAGEMENT DIVISION
(505) 827-0442

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

TRANSPORTATION SERVICES DIVISION
(505) 476-1902

AFFIDAVIT OF DOMESTIC PARTNERSHIP

As required by Executive Order 2003-010, this affidavit must be used to apply for domestic partner benefits and must be filed with the state employee's human resources office.

A. DECLARATION OF DOMESTIC PARTNERSHIP

I, _____, declare that I am in a domestic partnership with
(Print State Employee's Name)

_____. Further, we declare that:
(Print Domestic Partner's Name)

1. We are in an exclusive and committed relationship for the benefit of each other, and our relationship is the same as, or similar to, a marriage relationship in the State of New Mexico.
2. We share and have shared together for 12 or more consecutive months a common, primary residence.
3. We are jointly responsible for each other's common welfare and we share financial obligations.
4. Neither of us is married or a member of another domestic partnership; nor have either of us been so during the past 12 months.
5. We are both at least 18 years of age.
6. We are both legally competent to sign this Affidavit of Domestic Partnership.
7. We are not related by blood to a degree of closeness that would prevent us from being married to each other in the State of New Mexico.

B. BENEFITS FOR THE ELIGIBLE DEPENDENTS CHILDREN OF THE DOMESTIC PARTNER

Domestic partner benefits are also available to the domestic partner's children, provided, however, that the child is primarily dependent upon the employee or domestic partner for support and is an eligible dependent child because:

1. Either of the domestic partners is the biological parent of the child;
2. Either or both partners are adoptive parents of the child; or
3. The child has been placed in the Domestic Partners' household as part of an adoptive placement, legal guardianship, or by court order (excludes foster children).

We declare that the following named individual(s) is/are eligible dependent child(ren):

_____
(For each Eligible Dependent Child, list the child's name and describe the relationship to the Domestic Partner)

_____

_____

C. EXCLUSIONS

Except for the eligible individuals named in Section B above, the following persons are not covered by Domestic Partner benefits and are not considered eligible dependents: parents, foster children, mere roommates, and other relatives who are related to the state employee to such a degree of closeness that marriage would be prohibited in the State of New Mexico.

D. ACKNOWLEDGMENTS

1. By signing this Affidavit of Domestic Partnership, we agree to notify the human resources office at the state employee's job in writing within 31 days (a) of any change in our status as domestic partners when any of the items in the Declaration of Domestic Partnership (paragraph, A above) no longer apply, (b) because we wish to terminate our domestic partnership (termination notice must be done using the Risk Management Division form "Affidavit of Termination of Domestic Partnership"), or (c) in the event a dependent ceases to meet the eligibility requirements for benefit coverage.

2. We understand that the value of insurance benefits provided to the domestic partner is considered by the federal Internal Revenue Service as taxable income to the employee, that the value thereof is subject to social security and federal income tax withholding, and that current state tax laws require state income tax withholding as well.

3. We understand that the State of New Mexico will pay its portion of the premium on the domestic partner's and dependent benefits, if any, in the same proportion as is paid for similar benefit premium portions paid for spouses and dependents of married persons covered by the state employee's benefits program, and that the state employee is required to pay their portion of the premium on the domestic partner's and dependent benefits, if any, in the same proportion as is required for similar benefit premium portions that married state employees pay for spouses and dependents.

4. We acknowledge that we are hereby advised to seek competent legal advice about present and future financial obligations we may be undertaking before we sign this Affidavit of Domestic Partnership.

5. We understand that at any time we may be requested in writing by the Risk Management Division Director to provide reasonable written proof that we are jointly responsible for the common welfare of each other, that we share financial obligations, and/or to show that the named dependents, if any, are eligible for benefits coverage, and that if we fail to provide such requested proof, then the domestic partner or dependent benefits can be denied or terminated.

6. WE UNDERSTAND THAT ANY MISREPRESENTATION OF FACT MADE IN THIS AFFIDAVIT OF DOMESTIC PARTNERSHIP MAY RESULT IN LOSS OF BENEFITS AND/OR DISCIPLINARY ACTION, AND THAT AS A RESULT OF SUCH MISREPRESENTATION THE STATE EMPLOYEE MAY BE REQUIRED TO REIMBURSE THE STATE OF NEW MEXICO FOR ANY COST FOR PROVIDING BENEFIT COVERAGE OR FOR PROVIDING THE ACTUAL BENEFITS, SUCH COSTS INCLUDING, AMONG OTHER THINGS, ATTORNEY'S FEES.

E. NOTARIZATION

We affirm, under penalty of perjury, that the assertions in this Affidavit of Domestic Partnership are true and correct. *(<u>Both</u> partners must sign this legal document in the presence of a Notary Public.)*

_____

Signature of State Employee (Print State Employee's Name)

_____

Signature of Domestic Partner (Print Domestic Partner's Name)

_____

Common Residence Address City State Zip Code

_____

Mailing Address City State Zip Code

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)
(County Name)

SUBSCRIBED AND SWORN to this _____ day of _____ 20____, by

_____, an employee of the State of New Mexico, and
(Print State Employee's Name)

_____, the State Employee's Domestic Partner.
(Print Domestic Partner's Name)

My Commission Expires:_____ _____
Notary Public

Michelle Lujan Grisham
GOVERNOR

Kenneth Ortiz
CABINET SECRETARY

State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
(505) 827-2000

FACILITIES MANAGEMENT DIVISION
(505)827-2141

STATE PURCHASING DIVISION
(505) 827-0472

RISK MANAGEMENT DIVISION
(505) 827-0442

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

TRANSPORTATION SERVICES DIVISION
(505)827-1958

NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

Executive Order 2003-010

Return this form to the State Employee's Human Resources Office within 31 calendar days from the date the domestic partnership terminated.

1. I, the undersigned, do declare that my former partner, _____, and I are no longer in a Domestic Partner.
(Print Former Domestic Partner's Name)

2. (*Fill out this part only if the termination is caused by death or marriage of the domestic partner; otherwise leave this blank and skip to the signature section below.)*

   If the termination is caused by the death or marriage of the domestic partner, please indicate the date of the death or the marriage: _____. This date is the actual termination date of the Domestic Partnership.
(Month/Day/Year)

I declare, under penalty of perjury, that the above statements are true and correct. *(Sign this Notice in the presence of a Notary Public.)*

_____
Signature (Print Name)

_____
Mailing Address City State Zip Code

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)
(County Name)

SUBSCRIBED AND SWORN to this _____ day of _____ 20___, by _____;
an employee of the State of New Mexico *(Month/Year)* *(Print Employee's Name)*

_____
Notary Public

_____
My Commission Expires

Form #11: HIPAA Privacy Policies and Procedures

Privacy Policies and Procedures For
The Risk Management Division, General Services Department
State of New Mexico

Purpose

The purpose of these policies and procedures is to provide formal guidance to employees of the Risk Management Division (RMD) and Erisa Administrative Services, Inc. (Erisa) with regard to the receiving, handling, and disseminating of protected healthcare information (PHI) as it pertains to the administration of health plans.

The primary guiding factor behind these policies and procedures is to ensure that PHI is only used and disseminated appropriately. Specifically, that PHI be used only in the activities related to the administration of the health plans and NOT be disseminated such that the information may be used for other types of personnel decisions such as promotions, terminations, etc.

All policies and procedures of RMD and Erisa are public documents and are to be placed on permanent file with RMD and Erisa and made available upon request.

Scope

These guidelines apply to all RMD and Erisa Administrative Services, Inc. (Erisa) and/or employees engaged in health plan administration who, through the course of their normal duties, may come into contact with PHI.

PHI is defined by Federal Law to be individually identifiable health information transmitted or maintained by a covered entity, regardless of form. As this pertains to RMD and Erisa, PHI will be in the form of employee appeals regarding decisions made by our health plan vendors, or PHI from the vendors themselves. Not all appeals contained PHI, though.

These guidelines apply to benefit plan administrators but there are exceptions for worker's compensation or disability programs, are not subject to the same requirements.

Identification Of Affected Workforce Members

All employees, be they full or part-time, temporary or permanent, of the Employee Benefits Bureau (EBB) may come into contact with PHI and are, therefore, subject to these policies and procedures.

The Deputy Director of RMD, by means of his/her oversight of EBB, may come into contact with PHI and is, therefore, subject to these policies and procedures.

The Director of RMD, by means of his/her oversight of the Division, may come into contact with PHI related to health plan administration and is, therefore, subject to these policies and procedures.

The Cabinet Secretary of the General Services Department, by means of his/her oversight of the Department, may come into contact with PHI related to health plan administration and is, therefore, subject to these policies and procedures.

Any other employee of the State of New Mexico who comes into contact with PHI designated for the use of health plan administration is subject to these policies and procedures.

Acceptance of PHI

PHI, according to law, may be received in any form. This includes paper, emails, faxes, and conversationally (oral).

The source of PHI may only be (1) a plan member seeking assistance in obtaining payment from a health plan for a service or supply or (2) from a business associate assisting RMD in the guidelines. Any such business associates will have in place contractual requirements mandating compliance to the same HIPAA regulations.

Any actionable request must be received in a written format. In other words, if PHI is received orally, it must be followed up with written documentation for any action to be taken.

Upon acceptance, all material containing PHI will be documented in a central location and assigned to a specific individual for disposition.

Handling PHI

PHI, if provided by the member, may be used by the appropriate personnel to assist in making a payment determination.

PHI may not be used in any way to assist in making an eligibility determination. Eligibility requirements have been established without regard to an individual's health status.

Additional PHI may not be requested by RMD from any source other than the member.

Disseminating and/or Disclosure of PHI

PHI shall not be disseminated to other areas of State or Local Government except as provided in the following Exceptions paragraph.

PHI shall not be disseminated to entities outside of State or Local Government except as provided in the following Exceptions paragraph.

PHI shall only be disseminated beyond the assigned individual within RMD in order to facilitate health plan administration. Such dissemination shall only be with and limited to the minimum number of individuals necessary for plan administration.

No PHI shall be disseminated on a routine or recurring basis except as provided in the following Exceptions paragraph.

Members may request to view their own PHI. As outlined, PHI will only be on file at RMD if sent by the member. PHI will only be provided after due diligence is applied to determine requestor's

identity. All other requests for PHI will be denied except as provided in the following Exceptions paragraph.

Exceptions to PHI Dissemination and/or Disclosure

PHI may be disseminated without member consent in the following circumstances:

To facilitate payment with a health plan:. If an appeal is received and it is clear that information is received by RMD which was not available to the determining health plan, this information may be disseminated to the health plan for their review and possible payment of denied services. If, after review of an appeal, RMD determines that a service or product should be paid for by the plan, PHI should not be disseminated to the health plan. Once in health plan possession, PHI is subject to published health plan privacy guidelines.

During a health emergency or when you are incapacitated, we will use our professional judgment to decide if sharing your health information is in your best interest.

We will disseminate PHI when required by federal, state or local law.

If law enforcement officials ask, PHI may be disseminated under the following circumstances: to identify or locate a fugitive or missing person, to disclose information about a death RMD believes may be the result of a crime, to disclose information RMD believes may be related to a crime on State of New Mexico property, or as required by a court order, subpoena, warrant, summons or other legal request.

PHI may be disclosed if such disclosure would prevent or lessen a serious and immediate threat to the health or safety of any person or the general public.

PHI may be disclosed with federal officials for national security purposes as authorized by law.

PHI may be disclosed as required by worker's compensation laws.

PHI may be disclosed to the Secretary of the U.S. Department of Health and Human Services (HHS) when HHS requests the health information to determine if we are following privacy law.

Providing Notice of Privacy Practices

Notice of privacy practices shall be communicated to all State Employees upon implementation.

Notice of privacy practices shall include all employee rights afforded under these policies and procedures.

Notice of privacy practices shall be communicated no less than annually thereafter.

Form #12: Employee Notice of Privacy Practices (must be read & signed by employee upon hire)

Risk Management Division – Employee

Notice of Privacy Practices

Many people are worried today about how their personal health information is being used – and with very good reason. Information about your health is a very personal thing and its improper use can leave one feeling violated and victimized. The Risk Management Division (RMD) and Erisa Administrative Services, Inc. (Erisa), are equally concerned. This notice details how your medical information may be used and disclosed as well as how you can gain access to this information.

RMD and Erisa are required by federal law to maintain and protect the privacy of your health information and provide you with notice of its legal duties and privacy practices. If you have any questions regarding this notice or the privacy of your health information, please contact RMD/Erisa at PO Box 6850, Santa Fe, NM 87502-0110, or by telephone at 1-855-618-1800.

When Your Health Information Can Be Used or Disclosed by RMD and Erisa Administrative Services, Inc. (Erisa)

RMD and Erisa have always been aware of the sensitivity of protected (or personal) health information (PHI). As such, RMD/Erisa has limited the amount of PHI it receives in its facilities. In addition, RMD/Erisa has ensured that each of its business associates (i.e. health plans) has committed to the same stringent privacy guidelines in dealing with your PHI.

The following categories describe the ways that RMD and Erisa may use and disclose your PHI.

1. Payment Functions – RMD and Erisa may use or disclose your PHI to facilitate payment for the treatment and services you receive. For example, if you send PHI to RMD as part of an appeal of a health plan decision, RMD may share that PHI with the health plan in order to facilitate the payment of the charges should they be determined to be covered under your plan.

2. Health Care Operations – RMD and Erisa may use or disclose your PHI in order to conduct insurance-related activities. These activities include, but are not limited to, premium ratings, quality assurance processes (audits), fraud and abuse detection and investigation.

3. Legal Requirements / Law Enforcement – RMD and Erisa may use or disclose your PHI, as required by law, in compliance with a court order or subpoena.

4. Public Health / Public Safety – RMD and Erisa may use your PHI to prevent or lessen a serious and immediate threat to the health or safety of any person or the general public.

5. Health Oversight Activities – Your PHI may be disclosed to health oversight agencies, such as the New Mexico Department of Insurance (DOI), during the course of audits,

investigations, inspections or other proceedings related to the oversight of the health care system.

6. Coroners, Medical Examiners and Funeral Directors – RMD and Erisa may disclose your PHI to coroners, medical examiners and funeral directors.

7. Organ and Tissue Donation – RMD and Erisa may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues, as necessary.

8. National Security – RMD and Erisa may disclose your PHI for military, national security, prisoner, and government benefits purposes.

9. Worker's Compensation – RMD and Erisa may disclose your PHI, as necessary, to comply with worker's compensation or similar laws.

10. Marketing – RMD and Erisa may use your PHI in order to contact you about health-related benefits and services that may be of interest to you.

When Your Health Information Cannot Be Used or Disclosed by RMD or Erisa

RMD and Erisa Administrative Services, Inc.(Erisa) may not use or disclose your health information without your written authorization, except as designated above in this notice. If you authorize the use PHI by RMD/Erisa for another purpose, you may revoke your authorization in writing at any time. This revocation, however, cannot undo any disclosures that were already made with your permission.

Your Rights Regarding Your Health Information

1. Right to Request Restrictions – You have the right to request restrictions on the way your PHI is used and disclosed in certain situations. RMD and Erisa are not required to agree to the restrictions but will apply them where prudent and reasonable. If you would like to make a request for restrictions, you must do so in writing to RMD at PO Box 6850, Santa Fe, NM 87502-0110.

2. Right to Request Confidential Communications – You have the right to receive your PHI through a reasonable alternative means or at an alternative location for confidentiality purposes. Be sure to include your "alternative location" request in writing to RMD at PO Box 6850, Santa Fe, NM 87502-0110. We are not required to agree to all such requests.

3. Right to Inspect and Copy – You have the right to inspect and copy your PHI that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to RMD at PO Box 6850, Santa Fe, NM 87502-0110. We may charge you a reasonable fee to cover expenses associated with your request.

4. Right to Request Amendment – You have the right to request that RMD and Erisa amend your PHI that you believe is incorrect or incomplete. Upon review, should RMD/Erisa deny your requested amendment, you will be provided with information about the denial and how

it may be appealed. To request an amendment, please do so in writing to RMD at PO Box 6850, Santa Fe, NM 87502-0110.

5. Right to Know to Whom Your PHI Has Been Disclosed – You have a right to receive a list or "accounting of disclosures" of your PHI, with the exception of disclosures made for payment functions or health care operations. To request this accounting, please submit your request in writing to RMD at PO Box 6850, Santa Fe, NM 87502-0110.

6. Right to Review This Notice – You have a right to receive a paper copy of this Privacy Notice at any time. To obtain a paper copy of this Notice, send your written request to RMD at PO Box 6850, Santa Fe, NM 87502-0110.

Should you wish to discuss these rights in more detail, or if you would like to exercise one or more of these rights, contact RMD/Erisa at PO Box 6850, Santa Fe, NM 87502-0110 or by telephone at 1-855-618-1800.

Changes to this Notice

RMD reserves the right to amend this Notice of Privacy Practices in the future and to make the new Notice effective for all health information that it maintains. RMD will promptly distribute the new Notice to you whenever a material change is made. Until such time, RMD is required by law to comply with the current version of this Notice.

Complaints

Please direct any complaints about this Notice or about how your PHI is handled, in writing, to RMD at PO Box 6850, Santa Fe, NM 87502-0110. RMD assures you that you will not be retaliated against in any way for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

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I, the undersigned, have been provided with Risk Management Division's (RMD) Privacy Policies and Procedures as well as the Privacy Notice provided to our membership. Both documents have been explained to me and I am in full understanding of their spirit and intent.

Furthermore, I understand the importance of maintaining the privacy of our membership and will do so as provided by RMD's Policies and Procedures. I recognize that a failure to comply with the policies and procedures may result in disciplinary action as determined by RMD's Privacy Officer.

Employee Signature	Printed Name	Date

Cc: Personnel File
Privacy Officer

Form #13: Premium Only Plan (POP) Summary

POP is the State's **PREMIUM ONLY PLAN**. This is a pre-tax premium conversion plan that allows employees to have their health, dental, and vision insurance premiums removed from their pay **BEFORE TAXES** are calculated and deducted. LPB EMPLOYEES: please check with your LPB agency to see if they participate in POP.

Reducing taxable income **INCREASES NET TAKE HOME PAY!** This is how POP saves you money; it's that simple.

To simplify the process you will be automatically enrolled unless you return a waiver form rejecting this benefit (LPB employees: please check with your HR Representatives).

For more information on how POP works, please review this pamphlet or contact your Agency HR Representative.

WHO IS ELIGIBLE TO PARTICIPATE?

All employees who are enrolled in any of the State's group health, dental, and/or vision plans will be enrolled in the Premium Only Plan (unless waived). New employees become eligible when their insurance becomes effective.

WHAT MUST I DO?

If you wish to participate or continue to participate, do nothing: you will be automatically enrolled. If you do not wish to participate in POP, complete a letter requesting the waiver of the POP plan.

HOW DOES THE PLAN WORK?

When insurance premiums are deducted from a paycheck, the deductions are normally made after FICA and federal income taxes are taken out. This means premiums are paid with "after tax dollars." With this plan, eligible premiums are deducted before any tax or Social Security (FICA) deductions are made. Health, dental, and vision coverage are then paid for with "pre-tax dollars." The income reported on your annual W-2 form is reduced by the amount of the insurance premiums and taxable income is therefore lower. This is permitted under special sections of the Internal Revenue Code.

IF I WAIVE COVERAGE CAN I ENROLL LATER?

Not until the next annual POP enrollment period. Late enrollments to the POP plan are not permitted under IRS regulations.

MICHELLE LUJAN GRISHAM
GOVERNOR

KEN ORTIZ
CABINET SECRETARY

CLINTON NICLEY
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. Ifurther 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

MICHELLE LUJAN GRISHAM
GOVERNOR

KEN ORTIZ
CABINET SECRETARY

CLINTON NICLEY
RISK MANAGEMENT DIRECTOR

State of New Mexico
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LPB EMPLOYEE

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:
Deadline:
Late submission of the POP Waiver will not be granted

Employee: *Prior Calendar Year* Request For Refund Form

Prior Calendar Year Request for Refund Form (Employee)

Date: _____

From: _____ Phone: _____

Human Resources Representative or Payroll Officer

_____

State Agency

_____

State Agency Address

_____ _____ _____

Employee ID **Employee Name** **Agency Code**

Please select the benefit option to be refunded:

	Administrative Fee		Disability
	Presbyterian		Supplemental Life-Employee
	Blue Cross Blue Shield		Dependent Life-Spouse/Domestic Partner
	Delta Dental		Dependent Life-Child(ren)
	Davis Vision		Flexible Spending Plan (FSA)

Period: _____ _____

First Pay Period End Date (mm/dd/yyyy) **Last Pay Period End Date (mm/dd/yyyy)**

Agency Portion:

SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
		Total Amount:	$ 0.00

In order for this request to be processed, a copy of the applicable payroll deduction screen and spreadsheet must be attached.

Brief Explanation of Refund Request:

EBB Approval: _____ Date: _____

Make Warrant Payable To: _____

Employee Name

Address

City/State/Zip Code

FOR GSD/ASD USE ONLY: A copy should be sent to Erisa without attachments

Prior Calendar Year Request for Refund Form (Agency)

Date: _____

From: _____ Phone: _____

Human Resources Representative or Payroll Officer

_____

State Agency

_____

State Agency Address

_____ _____ _____

Employee ID | Employee Name | Agency Code

Period: _____ _____

First Pay Period affected End Date (mm/dd/yyyy) | Last Pay Period affected End Date (mm/dd/yyyy)

Agency Portion:

SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
		Total Amount:	$ 0.00

In order for this request to be processed, a copy of the applicable payroll deduction screen and spreadsheet must be attached.

Brief Explanation of Refund Request:

_____

_____

_____

GSD policy requires the processing of refunds via Operating Transfer (OPR). Please enter the necessary financial information below for OPR processing.

Financial Agency Contact: _____ Phone Number: _____

BUS UNIT	FUND	DEPT	ACCT	SUB ACCT	RPT. CAT	PROJ. UNIT	PROJECT	ACTIVITY	ANALYSIS TYPE	OPER UNIT	BUD REF	CLASS	DEBIT	CREDIT

If your agency has an OPR exemption, please fill out the necessary warrant information below.

Make Refund Payable To: _____

Agency Name

_____

Address

_____

City/State/Zip Code

EBB Approval: _____ Date: _____

Rev 2/6/2020

Notification to Terminate Benefits Due to Non-Payment

Employee Name:_____ **Employee ID#:** _____

Termination of Benefits Effective Date: _____

(***Termination date is based on the last PPE where the premiums were collected by employee via self-pay or payroll deduction)***

Reason for Termination: SELECT ONE

Employee Benefits to be Terminated:

Medical: SELECT ONE

Tier: SELECT ONE

Dental: SELECT ONE

Tier: SELECT ONE

Vision: SELECT ONE

Tier: SELECT ONE

Disability: SELECT ONE

Employee Supplemental Life: SELECT ONE

Dependent Spouse/DP Life: SELECT ONE

Dependent Child(ren) Life: SELECT ONE

- Erisa please contact carriers to retro term benefits.

HR Contact Name:_____ Phone Number: _____

Agency Name:_____ Date: _____

Authorized Signature: _____

E-Mail or Fax To: Erisa Administrative Services Inc.
E-mail: sonm@easitpa.com
Fax: (505)244-6009
CC: Katherine.Chavez2@state.nm.us