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 the dedicated Human Resource Office/State Personnel Office representing your Agency.

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.

*Para asistencia en español con este formulario, por favor llame a Erisa al 1-855-618-1800

CARRIER	GROUP NUMBER	CUSTOMER SERVICE LINE	WEBSITE
EMPLOYEE ASSISTANCE PROGRAM (EAP) WELL BEING SOLUTIONS	N/A	1-833-515-0771	WELL BEING SOLUTIONS-EAP
PRESBYTERIAN - HMO	GR002191	1-888-275-7737	PRESBYTERIAN
BCBS OF NEW MEXICO - HMO	N66004	1-877-994-2583	BLUE CROSS BLUE SHIELD
BCBS OF NEW MEXICO - PPO	266002		
CIGNA-HMO	3343553	1-800-244-6224	CIGNA-HMO
CIGNA-PPO	3343553	1-800-244-6224	CIGNA-PPO
EXPRESS SCRIPTS, INC.	SONMRXP	1-800-743-1720	EXPRESS SCRIPTS
DELTA DENTAL	8523	1-877-395-9420	DELTA DENTAL
EYEMED	(State) 1028738 (LPB) 1028739	1-855- 219-3138	EYEMED
SONM SHORT/LONG TERM DISABILITY EASI	N/A	1-855-618-1800	DISABILITY
THE HARTFORD	681601	1-855-618-1800	THE HARTFORD
FLEXIBLE SPENDING ACCOUNT (FSA) Erisa, Inc.	N/A	1-855-618-1800	FLEXIBLE SPENDING ACCOUNT-FSA
COBRA	N/A	1-855-618-1800	COBRA
VOLUNTARY BENEFITS			
AFLAC	M4X48	1-505-510-0156	AFLAC
GLOBE	N/A	1-303-717-8122	GLOBE
THE HARTFORD	681902	1-855-396-7655	THE HARTFORD
METLIFE	228995	1-855-862-3912	METLIFE

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.

EMPOYEE 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 **within 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. 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.

HEALTH BENEFIT PREMIUM RATES

The Benefits Contribution Schedule can be found at www.mybenefitsnm.com under the **Employee Resources link at the top of the homepage, Benefits Information, Premium Rate Information.**

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 this 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 and 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 choose to WAIVE ALL benefits offered to me.
- ☐ 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.
- ☐ I understand when out on Family Medical Leave, Leave Without Pay, or Leave when on Disability I am responsible for payment of premiums for any benefits elected. Failure to submit payment by the due date will result in loss of coverage.
- ☐ I understand that I cannot claim both Workers Compensation and Disability during the same time frame.

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.

Directions to Electronically Sign: Click on Tools on the top left corner, in right window pane click Fill & Sign, Click Sign icon  ***on top window pane, select signature, and drag and place in desired area.***

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