



FSA-Special Qualifying Event

Retro-Termining Benefits

Importance of Completing
Enrollment Form

HR-Reminders

SPECIAL QUALIFYING EVENT

::Flexible Spending Account::

Special Qualifying Event: Health Care and Dependent Care

- ▶ This Qualifying Event will allow the members CURRENTLY ENROLLED to decrease or temporarily suspend their FSA deduction amount(s), and will be in effect UNTIL THE DATE OF RETURN-TO-WORK.
- ▶ Changes must be made within the 31-day window beginning April 27th and ending May 28th.
- ▶ Members currently enrolled received notification of this special qualifying event via e-mail from Erisa Administrative Services
- ▶ All changes will become effective the pay period following the date of change. For more information and to find the CV-19 Qualifying Event Change Form go to:
- ▶ <https://www.mybenefitsnm.com/FSA.htm>

SPECIAL QUALIFYING EVENT ::Flexible Spending Account::


HEALTH CARE

- ▶ Members may not be able to access planned medical care. Therefore, members CURRENTLY enrolled in the Health Care FSA can make changes to their elected monthly FSA deduction amount. Employees can reduce or temporarily suspend their contribution amount. When making changes employee must allow for any funds already used.
- ▶ Due to the newly passed federal CARES Act members are no longer limited to purchasing only those items deemed “medically necessary” giving members the ability to utilize these funds on a wider variety of approved medical products.
- ▶ Under Health Care FSA rules members can change their deduction amount outside of an annual open enrollment only if they experience a qualifying event.
- ▶ QE Change Form
<https://www.mybenefitsnm.com/FSA.htm>

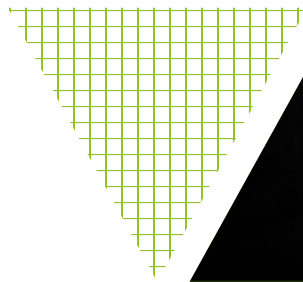
SPECIAL QUALIFYING EVENT ::Flexible Spending Account::

DEPENDENT CARE

- ▶ Employees may now be directly providing at home care to children or elderly dependents. Therefore, members CURRENTLY enrolled in the Dependent Care FSA can now make changes to their elected monthly FSA deduction amount. Employees can reduce or temporarily suspend their monthly amount. When making changes employees must allow for any funds already used.
- ▶ Under Dependent Care FSA rules members can change a deduction amount outside of an annual open enrollment period only when they experience a qualifying event.



Retro-Terming Benefits Due to Non-Payment or Termination



Retro-Termination of Benefits

STEPS

- ✓ Determine Benefits Term Date
 - ✓ Reviewing Benefit Premium Deductions
 - ✓ Audit Non-Payment History
 - ✓ Document-Notification to Terminate Benefits
- If payment has not been received by the pay period in which it is due, promptly Notify Erisa Administrative Services by issuing the Notification to Terminate Benefits Due to Non-Payment form.
 - Please see Transmittal Form for helpful tips.
 - Erisa will notify carriers of termination date
 - Copy Employee Benefits Bureau:
Katherine.Chavez2@state.nm.us

How to Determine The Correct Benefit Termination Date

Employee Self Service **Job Data**

Work Location Job Information Job Labor Payroll Salary Plan Compensation

Employee ID
Employee Empl Record 0

Work Location Details Find First 1 of 2 Last

*Effective Date 04/10/2020
Effective Sequence 1
*Action Termination
Reason Health Reasons
*Job Indicator Primary Job
Payroll Status Terminated
Position Number
Position Entry Date 12/17/2016
Regulatory Region USA United States
Company NM State of New Mexico
Business Unit
Department
Department Entry Date
Location
Establishment ID State of New Mexico Date Created 04/22/2020
Last Start Date
Expected Job End Date
Last Date Worked 04/09/2020
Termination Date 04/09/2020
End Job Automatically
Override Last Date Worked

Job Data Employment Data Earnings Distribution Benefits Program Participation

Save Return to Search Notify Refresh Update/Display Include History

Work Location Job Information Job Labor Payroll Salary Plan Compensation

Review Paycheck

Company NM Pay Group Pay Period End 03/06/2020 Page 1793 Line 4 Separate Check

Paycheck Information

Paycheck Status Confirmed Paycheck Option Advice
Issue Date 03/13/2020 Paycheck Number
Off Cycle Reprint Adjustment Corrected Cashed

Paycheck Totals

Earnings	45.68
Taxes	3.22
Deductions	30.37
Net Pay	12.09

Deductions Personalize Find View All First 1-8 of 15 Last

Deduction Details 1 Deduction Details 2 Deduction Details 3

Deduction Code	Plan	Benefit Record	Plan Type	Not Taken	Reason
MEDPRE	PRESP	0	Medical	49.60	Not Enough Net Pay
MEDPRE	PRESP	0	Medical		
DENPRE	DELTP	0	Dental		
DENPRE	DELTP	0	Dental		
VISPRE	VISNP	0	Vision		
VISPRE	VISNP	0	Vision		
ADMIN	ADMIN	0	GSD/RMD Administrative Fee		
ADMIN	ADMIN	0	GSD/RMD Administrative Fee		

Garnishments

Company NM	Pay Group XXXX	Pay Period End 02/21/2020	Page 1794	Line 4	Separate Check
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Paycheck Information	Paycheck Totals
<div style="display: flex; justify-content: space-between;"> <div> Paycheck Status Confirmed Issue Date 02/28/2020 <input type="checkbox"/> Off Cycle <input type="checkbox"/> Reprint <input type="checkbox"/> Adjustment </div> <div> Paycheck Option Advice Paycheck Number XXXXXX <input type="checkbox"/> Corrected <input type="checkbox"/> Cashed </div> </div>	Earnings 80.43 Taxes 2.09 Deductions 65.79 Net Pay 12.55

Deductions

[Personalize](#) | [Find](#) | [View All](#)

First 1-8 of 15 Last

Deduction Details 1

Deduction Details 2

Deduction Details 3

Deduction Code	Description	Class	Amount	Calculated Base
MEDPRE	Medical Pre Tax	Before-Tax	49.60	
MEDPRE	Medical Pre Tax	Nontaxable Benefit	198.38	
DENPRE	Dental Pre Tax	Before-Tax	2.98	
DENPRE	Dental Pre Tax	Nontaxable Benefit	11.94	
VISPRE	Vision Pre Tax	Before-Tax	0.55	
VISPRE	Vision Pre Tax	Nontaxable Benefit	2.22	
ADMIN	GSD/RMD Admin Fee	After-Tax	0.13	
ADMIN	GSD/RMD Admin Fee	Nontaxable Benefit	0.50	

Garnishments

FEBRUARY 2020							MARCH 2020						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	1	2	3	4	5	6	7
2	3	4	5	6	7	8	8	9	10	11	12	13	14
9	10	11	12	13	14	15	15	16	17	18	19	20	21
16	17	18	19	20	21	22	22	23	24	25	26	27	28
23	24	25	26	27	28	29	29	30	31				

Current Benefits Summary

Benefit Enrollment Summary

Benefit Deduction Summary

Employee

ID [REDACTED]

Benefit Record Number 0

Primary Empl Record 0

Benefits System Benefits Administration

Benefit Program NMA New Mexico A Benefits

Benefits Status Terminated

Current Enrollments

Plan Type	Coverage Election	Benefit Plan	Description	Coverage or Participation	Coverage Begin
Medical	Terminate				04/18/2020
Dental	Terminate				04/18/2020
Vision	Terminate				04/18/2020

< Health Benefit Elections

Health Benefits

Coverage Begin Date 07/01/2018

Deduction Begin Date 07/01/2018

Coverage Election

☒ Elect

☐ Waive

☐ Terminate

Election Date 06/28/2018

Benefit Program BandA

Benefit Plan PRES

Presbyterian Pre-Tax

Option Code 023

Coverage Code 3

Employee + Child(ren)

Health Provider ID

☐ Previously Seen

Employee Status Active

Enroll All Dependents

- ▶ Check Current Benefit Summary in Share for Terminate Date

- ▶ Check Health Benefits in Share for Benefit Plan



Notification to Terminate Benefits Due to Non-Payment

Employee Name: John Doe Employee ID#: 000000

Termination of Benefits Effective Date: 02/22/2020

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

Reason for Termination: BENEFIT TERMINATION DATE IS EARLIER THAN JOB TERMINATION DATE
BENEFITS TERMINATION DUE TO NON-PAYMENT OF PREMIUMS

Employee Benefits to be Terminated:

Medical: PRESBYTERIAN-HMC

Tier: EMPLOYEE+CHILD(REN)

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: Katherine Chavez Phone Number: 5058270655

Agency Name: EBB Date: 05/12/2020

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

Risk Management Division/Employee Benefits Bureau
1100 St. Francis Dr., Rm 2073 or PO Box 6850
Santa Fe, New Mexico 87502

Submit Notification to Terminate Benefits

<https://www.mybenefitsnm.com/Documents/Notification-to-Term-Benefits.pdf>

Importance of Completing Enrollment Form

▶ ENROLLMENT FORM

▶ 100 %
COMPLETE

- ✓ Acknowledgement Form
- ✓ Bio graphics
- ✓ Dependent Information
- ✓ Benefits Election
- ✓ Election Review
- ✓ Acknowledgements
- ✓ Submission
- ✓ Advise to print Enrollment and Life Insurance Beneficiary Form

Importance of Completing Enrollment Form Continued.....

► Acknowledgment Form



Before you submit your enrollment information you must acknowledge the following by checking each box

Benefits Enrollment

- ☐ I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for the coverage shown above in accordance with the State of New Mexico Cafeteria Plan, Section 125. Such reductions, considered as elective contributions under the plan, shall commence within the payroll cycle in which this election is received by my payroll center. I understand those deductions shall be taken from my earnings on a pre-tax basis unless I submit the required Premium Only Plan (POP) Waiver Form.

Disability

- ☐ I understand that in order to be eligible for the disability benefit I must pay 12 consecutive months premiums before I am eligible to submit a claim.

Flexible Spending Account Transit/Commuter Enrollment

- ☐ I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for the coverage shown above in accordance with the State of New Mexico Flexible Spending Plan, Section 125. Such reductions, considered as elective contributions under the plan, shall commence within the payroll cycle in which this election is received by my payroll center.

Security Code *

☐

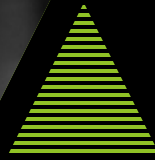
I'm not a robot



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Edit Form

Submit Form



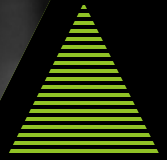
HR REMINDERS

- COVID-19 UPDATE
 - ▶ Anti Body Testing
 - ▶ Science is still new



HR REMINDERS

- Employee SHARE record should imitate a legal record.
 - ▶ Personal Information
 - ▶ Medical Benefit Information
 - ▶ Employment Information
- Special character's should not be incorporated in Name and Address module.
 - ▶ Corrupts carrier eligibility files.
 - Should be 30 character Max in Address.
 - Legal name that is documented on Drivers License. No Nicknames.



HR REMINDERS

- Erisa Administrative Services, Inc.
- sonm@easitpa.com
- All Documents



? QUESTIONS ?

THANK YOU FOR ATTENDING
#StaySafe



Resources

- ▶ <https://www.mybenefitsnm.com/FSA.htm>
- ▶ <https://www.erisatrust.com/sonm>
- ▶ [Notification-to-Term-Benefits.pdf](#)
- ▶ [Administrative_Guide_April_2020.pdf](#)