

# HR REMINDERS





# Life Insurance Line of Duty-LoD 75K Eligible Employees

**NO**  
Empl. Class

**YES**  
Empl. Class should be blank

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation

Employee Empl ID: [redacted] Empl Record: 0

Job Information Details Find First 3 of 39 Last Go To Row

Effective Date		Action	Pay Rate Change
Effective Sequence	0	Reason	Authorized Increases
HR Status	Active	Job Indicator	Primary Job
Payroll Status	Active		

History

Job Code

Entry Date 01/01/2021

Supervisor Level B Level B

Supervisor ID [input]

Reports To 00003679

Regular/Temporary Regular - PERM for State

Empl Class **75k Lf Ins** (highlighted with red box)

Full/Part Full-Time

\*Officer Code Reg/Perm

Shift Rate [input]

Shift Factor [input]

Regular Shift 1

Classified Ind Sunshine Portal - Exempt

Duties Type [input]

Standard Hours ?

Standard Hours	40.00	Work Period	W Weekly
FTE	1.000000		

Adds to FTE Actual Count?  Encumbrance Override

Contract Number ?

Contract Number [input] Next Contract Number

Contract Type

Regular/Temporary Regular - PERM for State

Empl Class [dropdown menu]

# 1095-C Season Reporting Year 2021

600120

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

## Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2021**

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)				
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number				
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code			
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

# 1095-C Document's- Reporting Year 2021

## State Agency HR-Administrators

- Employees

-1095-C Documents will be mailed to employees HOME ADDRESS and should be received by the week of January 31, 2022

-All employee records should include a HOME ADDRESS.

**\*Street Address is highly recommended not to bleed into the second line of the address**

## Local Public Body Agency HR-Administrators

✓ Name

✓ Address

✓ Social Security Number

✓ Employees information must match what is with the IRS

# 1095-C Document's- Reporting Year 2021

- HR Managers

- 1095-C Documents will be e-mailed to HR Managers with a secure attachment by February 1, 2022.

- Correspondence from Katherine Chavez confirming e-mail address

- Note: Some dates may vary

- -For **DA Office, Legislative Branch, and New Mexico Judiciary Branch** HR Managers this date is dependent on receiving the contact information request form.

- \* Please get them in to Katherine Chavez by Friday December 8, 2021 COB. For all agencies.

- [Katherine.Chavez2@state.nm.us](mailto:Katherine.Chavez2@state.nm.us)

# 1095-C Season

All address should include a HOME ADDRESS.

\*Street Address highly recommended not to bleed into the second line of the address

- Address
  - Complete Address
  - Special characters should not be used (-, #, ~, etc.)
  - When possible should not exceed 30 characters
  - **Zip Codes should not contain spaces between the zip code and extension**
    - NO - 87532 1804
    - YES - 87532-1804

# Refunds through DFA



- Request Refunds up to PPE December 10, 2021

Forms Available on the <https://www.mybenefitsnm.com/employerResources.html>

- Prior Year Refund Request Form
  - Agency
  - Employee
- W-9 Form
  - W-9 Example
- DFA Calculation Spreadsheet

# *QUESTIONS*





THANK YOU



# RESOURCES

- [https://www.mybenefitsnm.com/Documents/Administrative\\_Guide\\_August\\_2021\\_Final.pdf](https://www.mybenefitsnm.com/Documents/Administrative_Guide_August_2021_Final.pdf)
- <https://www.mybenefitsnm.com/BenefitsInformation.html>