

*You Can't
Spell Hero
Without
HR*

**New Hire & QE-Electronic Enrollment Form,
Individual Premium Payments, Notification
to Terminate Benefits Due to Non-Payment,
FSA-Direct Deposit Option, and HR-
Reminders**



■ New Hire & QE-Electronic Enrollment Form

❖ Benefits Eligibility
Acknowledgement Form

✓ Bio graphics

■ <https://www.mybenefitsnm.com>

✓ Dependent Information

✓ Benefits Election

✓ Election Review

✓ Acknowledgements

✓ Submission

✓ Advise to print Enrollment and
Life Insurance Beneficiary Form



Electronic Enrollment Form Cont...

- The electronic enrollment form does not have the ability to interface with the SHARE system at this time, therefore, the employee must **re-enter** all elections they currently have or wish to change to include every dependent that they want covered or wish to waive coverage.
- HR Administrator's or anyone other than the employee should not complete the enrollment form.

- NOTE : Even if you are changing only one benefit option, you **MUST** include ALL current enrollment information as well as new changes

Step 1 : select or waive carrier

Step 2 : select coverage tier

Step 3 : select enrollment option for each dependent

DEPENDENTS

SHARE does not have the ability to capture current enrollment information, please re-enter all elections you have and every dependent that you want covered or wish to waive coverage.

 If enrolling NEW dependents (not previously covered) to benefit coverage, proof of dependency documentation must be faxed to Erisa immediately or your dependents will not be covered.

Fax : (505) 244-6009

First

Last

Middle

Section B :MEDICAL

NOTE : Even if you are changing only one benefit option, you **MUST** include ALL current enrollment information as well as new changes



Step 1 : select or waive carrier

Step 2 : select coverage tier

Step 3 : select enrollment option for each dependent

MEDICAL



Electronic Enrollment Form Cont...

- Adding the Dependent



NEW MEXICO
GENERAL SERVICES DEPARTMENT

Section B :MEDICAL

NOTE : Even if you are changing only one benefit option,
you MUST include ALL current enrollment information as well as new changes



Step 1 : select or waive carrier
Step 2 : select coverage tier
Step 3 : select enrollment option for each dependent

MEDICAL

- ☐ Waiver of Medical / Pharmacy - An "X" in this box waives my enrollment in this benefit plan.
- ☒ Presbyterian Health Plan - HMO
- ☐ Blue Cross Blue Shield of New Mexico - PPO
- ☐ Blue Cross Blue Shield of New Mexico - HMO

COVERAGE TIER

- ☐ None
- ☐ Single
- ☐ Employee + Spouse/Partner
- ☐ Employee + Child/Children
- ☒ Employee + Spouse/Partner + Child/Children

#	Choice	Relationship Status	Gender	First	Last	Middle	Taxpayer Type	Taxpayer ID	Date of Birth
1	<input type="text"/>	Domestic Partner	M	SHANIA	TWAIN		SSN	525-88-7777	1/1/1989

[Prev Confir](#) [Next Confir](#)

27% complete (3 of 11)



■ Transmittal Form



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.

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

G:\BEN_INS\Forms\2019 Forms\Transmittal Form

■ Rate Sheet

JULY 1, 2019 - JUNE 30, 2020
STATE OF NEW MEXICO
BI-WEEKLY CONTRIBUTION SCHEDULE

EMPLOYEE ONLY COVERAGE							
	GROSS RATE	Salary Less than \$50K		Salary \$50K to \$59,999K		Salary \$60K and Over	
		Employee	State	Employee	State	Employee	State
		20%	80%	30%	70%	40%	60%
Presbyterian - HMO	247.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.59	\$ 99.19	\$ 148.79
BCBS - HMO	247.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.59	\$ 99.19	\$ 148.79
BCBS - PPO	288.39	\$ 57.68	\$ 230.71	\$ 86.52	\$ 201.87	\$ 115.36	\$ 173.03
Delta Dental	14.92	\$ 2.98	\$ 11.94	\$ 4.48	\$ 10.44	\$ 5.97	\$ 8.95
Davis Vision	2.77	\$ 0.55	\$ 2.22	\$ 0.83	\$ 1.94	\$ 1.11	\$ 1.66

EMPLOYEE PLUS SPOUSE COVERAGE							
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999k		Salary \$60k and Over		
	Employee	State	Employee	State	Employee	State	
	20%	80%	30%	70%	40%	60%	
Presbyterian - HMO	\$ 557.96	\$ 111.59	\$ 446.37	\$ 167.39	\$ 390.57	\$ 223.18	\$ 334.78
BCBS - HMO	\$ 557.96	\$ 111.59	\$ 446.37	\$ 167.39	\$ 390.57	\$ 223.18	\$ 334.78
BCBS - PPO	\$ 648.93	\$ 129.79	\$ 519.14	\$ 194.68	\$ 454.25	\$ 259.57	\$ 389.36
Delta Dental	\$ 29.82	\$ 5.96	\$ 23.86	\$ 8.95	\$ 20.87	\$ 11.93	\$ 17.89
Davis Vision	\$ 5.22	\$ 1.04	\$ 4.18	\$ 1.57	\$ 3.65	\$ 2.09	\$ 3.13

EMPLOYEE PLUS DOMESTIC PARTNER (EMPLOYEE + SPOUSE)										
GROSS RATE	Salary Less than \$50K			Salary \$50K to \$59,999K			Salary \$60K and Over			
	EE Pre	EE After	State	EE Pre	EE After	State	EE Pre	EE After	State	
	20%	80%	80%	30%	70%	70%	40%	60%	60%	
Presbyterian - HMO	\$ 557.96	\$ 49.60	\$ 62.00	\$ 446.36	\$ 74.39	\$ 92.99	\$ 390.58	\$ 99.19	\$ 123.99	\$ 334.78
BCBS - HMO	\$ 557.96	\$ 49.60	\$ 62.00	\$ 446.36	\$ 74.39	\$ 92.99	\$ 390.58	\$ 99.19	\$ 123.99	\$ 334.78
BCBS - PPO	\$ 648.93	\$ 57.68	\$ 72.11	\$ 519.14	\$ 86.52	\$ 108.16	\$ 454.25	\$ 115.36	\$ 144.21	\$ 389.36
Delta Dental	\$ 29.82	\$ 2.98	\$ 2.98	\$ 23.86	\$ 4.48	\$ 4.47	\$ 20.87	\$ 5.97	\$ 5.96	\$ 17.89
Davis Vision	\$ 5.22	\$ 0.55	\$ 0.48	\$ 4.19	\$ 0.83	\$ 0.74	\$ 3.65	\$ 1.11	\$ 0.98	\$ 3.13

EMPLOYEE PLUS CHILD/CHILDREN COVERAGE							
GROSS RATE	Salary Less than \$50K		Salary \$50K to \$59,999K		Salary \$60K and Over		
	Employee	State	Employee	State	Employee	State	
	20%	80%	30%	70%	40%	60%	
Presbyterian - HMO	\$ 446.37	\$ 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82
BCBS - HMO	\$ 446.37	\$ 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82
BCBS - PPO	\$ 519.13	\$ 103.83	\$ 415.30	\$ 155.74	\$ 363.39	\$ 207.65	\$ 311.48
Delta Dental	\$ 34.31	\$ 6.86	\$ 27.45	\$ 10.29	\$ 24.02	\$ 13.72	\$ 20.59
Davis Vision	\$ 6.07	\$ 1.21	\$ 4.86	\$ 1.82	\$ 4.25	\$ 2.43	\$ 3.64

FAMILY COVERAGE							
GROSS RATE	Salary Less than \$50K		Salary \$50K to \$59,999K		Salary \$60K and Over		
	Employee	State	Employee	State	Employee	State	
	20%	80%	30%	70%	40%	60%	
Presbyterian - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 219.46	\$ 512.08	\$ 292.62	\$ 438.92
BCBS - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 219.46	\$ 512.08	\$ 292.62	\$ 438.92
BCBS - PPO	\$ 850.83	\$ 170.17	\$ 680.66	\$ 255.25	\$ 595.58	\$ 340.33	\$ 510.50
Delta Dental	\$ 44.74	\$ 8.95	\$ 35.79	\$ 13.42	\$ 31.32	\$ 17.90	\$ 26.84
Davis Vision	\$ 7.69	\$ 1.54	\$ 6.15	\$ 2.31	\$ 5.38	\$ 3.08	\$ 4.61

Individual Premium Payments

■ CHECKLIST

- ✓ Determine type of leave
- ✓ Determine bi-weekly premium rate based on elected coverage of insurance employee is enrolled in for the specified pay period.

Example: Employee+Spouse

Tier Level: BCBS/PPO

- ✓ Determine pay band: A,B,C
 - ✓ Job Data/Benefits Program Participation

- ✓ **Life Insurance: Confirm current age of employee during the specified pay period in which you are billing.**



Individual Premium Payments Cont.

TOOLS

Paycheck Deduction Tab

Paycheck Earnings | Paycheck Taxes | **Paycheck Deductions** ★

Empl ID: Company NM | Name: Pay Group | Pay Period End: 12/27/2019 | Page 2 | Line 99 | Separate Check

Paycheck Information				Paycheck Totals	
Paycheck Status	Confirmed	Paycheck Option	Check	Earnings	0.00
Issue Date	01/03/2020	Paycheck Number	464314	Taxes	0.00
<input type="checkbox"/> Off Cycle	<input type="checkbox"/> Reprint	<input type="checkbox"/> Adjustment	<input type="checkbox"/> Corrected	Deductions	0.00
				Net Pay	0.00
<input type="checkbox"/> Cashed					

▼ Deductions

Personalize | Find | View 8 | First 1-11 of 11 Last

Deduction Details 1 ★ Deduction Details 2 Deduction Details 3

Deduction Code	Description	Class	Amount	Calculated Base
MEDPRE	Medical Pre Tax	Before-Tax		
MEDPRE	Medical Pre Tax	Nontaxable Benefit	357.10	
DENPRE	Dental Pre Tax	Before-Tax		
DENPRE	Dental Pre Tax	Nontaxable Benefit	27.45	
VISPRE	Vision Pre Tax	Before-Tax		
VISPRE	Vision Pre Tax	Nontaxable Benefit	4.86	
ADMIN	GSD/RMD Admin Fee	After-Tax		
ADMIN	GSD/RMD Admin Fee	Nontaxable Benefit	0.50	
BASIC	Basic Life Insurance	Nontaxable Benefit	2.04	50,000.00
SUPLIF	Supplemental Term Life	After-Tax		150,000.00
DISAB	Disability	After-Tax		2,827.79

▼ Garnishments

▼ Net Pay Distribution

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

Check/Advice Number	Account Type	Bank ID	Account Number	Amount
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Return to Search | Previous in List | Next in List | Notify

Deduction Details 2 Tab

Paycheck Earnings | Paycheck Taxes | **Paycheck Deductions** ★

Empl ID: Company NM | Name: Pay Group | Pay Period End: 12/27/2019 | Page 2 | Line 99 | Separate Check

Paycheck Information				Paycheck Totals	
Paycheck Status	Confirmed	Paycheck Option	Check	Earnings	0.00
Issue Date	01/03/2020	Paycheck Number	464314	Taxes	0.00
<input type="checkbox"/> Off Cycle	<input type="checkbox"/> Reprint	<input type="checkbox"/> Adjustment	<input type="checkbox"/> Corrected	Deductions	0.00
				Net Pay	0.00
<input type="checkbox"/> Cashed					

▼ Deductions

Personalize | Find | View 8 | First 1-11 of 11 Last

Deduction Details 1 Deduction Details 2 ★ Deduction Details 3

Deduction Code	Plan	Benefit Record	Plan Type	Not Taken	Reason
MEDPRE	PRESP	0	Medical	89.27	Not Enough Net Pay
MEDPRE	PRESP	0	Medical		
DENPRE	DELTP	0	Dental	6.86	Not Enough Net Pay
DENPRE	DELTP	0	Dental		
VISPRE	VISNP	0	Vision	1.21	Not Enough Net Pay
VISPRE	VISNP	0	Vision		
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		
SUPLIF	150K	0	Supplemental Term Life	94.64	Not Enough Net Pay
DISAB	STDIS	0	Short/Long-Term Disability	4.56	Not Enough Net Pay

▼ Garnishments

▼ Net Pay Distribution

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


Check/Advice Number	Account Type	Bank ID	Account Number	Amount
---------------------	--------------	---------	----------------	--------

Return to Search | Previous in List | Next in List | Notify



Notification to Terminate Benefits Due to Non-Payment

- ✓ Determine
- ✓ Advise
- ✓ Track
- ✓ Document
- ✓ Collect via deduction or self-pay
- ✓ If self-pay, forward to Employee Benefits Bureau
 - 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.
 - Erisa will terminate benefits in SHARE
 - Notify carriers of termination date
 - Copy Employee Benefits Bureau: Katherine.Chavez2@state.nm.us

 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: **BENEFITS TERMINATION DUE TO NON-PAYMENT OF PREMIUMS**

Employee Benefits to be: **BENEFIT TERMINATION DATE IS EARLIER THAN JOB TERMINATION DATE**

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

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



FSA Claims



Going Paperless - Paperless claims may be processed by downloading the app for Android, IOS Apps or online.

Available in the app store. Search **“BenefitsByET”**



Employees who choose to utilize the app are able to manage and control their accounts.

- *Submit paperless claims
- *Submit reimbursements
- *Receive direct deposit for claims submitted.
- *Employees will also have the option to select a reimbursement for them selves or send the reimbursement to a provider.

Control bank account information; Set up direct deposit for a new bank or update your information for electronic fund transfers.,

- Paper Claims are still available.
 - Claim Form:
 - https://www.mybenefitsnm.com/Documents/Health_FSA_Claim_Form_Fillable.pdf

Keep in mind going paperless and participating in ACH was designed to save you time.



Needing Your FSA Reimbursement?

Want your money faster?

Set up Direct Deposit through your online Employee Benefits FSA Portal

BenefitsbyET.LH1ondemand.com
or search for [BenefitsbyET](#) in the app store

Website: mybenefitsnm.com/FSA.htm
Email: FSA@easitpa.com
Phone: 1 (505) 244-6000
Toll Free: 1 (855) 618-1800



FSA benefits administration provided by Erisa Administrative Services, Inc. in partnership with Erisa Trust Company

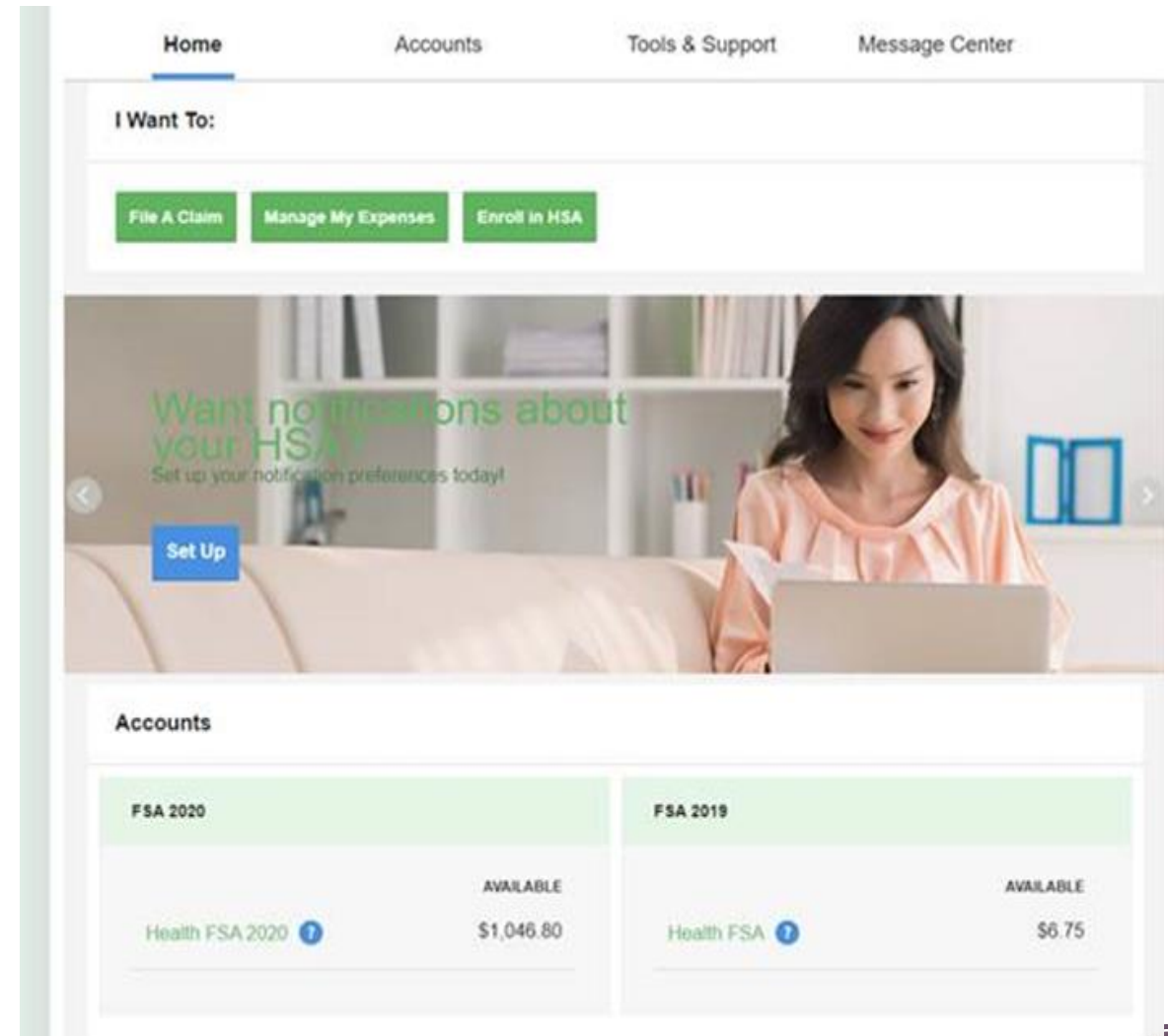
- **This insert will be sent out to FSA members.**
- **An alternative option to a refund check being mailed (via USPS mail), Members can chose to set up Direct Deposit the funds will be deposited in the member's designated account.**
- **Set up for Direct Deposit is quick and easy.**
- **ACH allows Employee FSA reimbursements to be automatically deposited into an approved checking or savings account.**



FSA Direct Deposit

Process for Electing FSA Direct Deposit:

1. Log in at BenefitsbyET.LH1ondemand.com
 2. To set up an account, go to:
<https://BenefitsbyET.LH1ondemand.com>. Log in to get started. Username is Employee ID number(SHARE ID). Password is last 5 digits of SS#, followed “EASI” (all caps).
 - * Letter of introduction at:
https://339218b5-c5e4-43bc-a92a-98b0c80d1e14.filesusr.com/ugd/6fb66c_721bb7dc173645ff947bad653fa5e7eb.pdf
 3. Once logged in, you will be taken to the Home Page
- *NOTE: log in as an existing user; Do Not try to set up as a new user.**
- * Employees can go to “banking cards” to update there bank account information, there is also a rotating banner that links members straight to where they can add bank account information.**



FSA Direct Deposit Continued

4. Click on the “Accounts” tab and then choose “Payment Method”:

The screenshot shows the Erisa Trust Company portal with the 'Accounts' tab selected. The left sidebar contains a menu with 'ACCOUNTS' (Account Summary, Account Activity, Expenses, Claims, Payments, Statements), 'PROFILE' (Profile Summary, Banking/Cards, Payment Method, Login Information), and 'I WANT TO' (File A Claim, Manage My Expenses, Enroll in HSA). Below the menu is a banner for setting up notification preferences. The main content area shows the 'Accounts' section with two cards: 'FSA 2020' and 'FSA 2019'. The 'FSA 2020' card shows 'Health FSA 2020' with an available balance of \$1,046.80. The 'FSA 2019' card shows 'Health FSA' with an available balance of \$6.75.

PLAN YEAR	ACCOUNT(S)	PRIMARY	ALTERNATE	
01/01/2020 - 12/31/2020	Health FSA 2020 Dependent Care 2020	Debit Card	Direct Deposit	Update
04/01/2019 - 12/31/2019	Health FSA	Debit Card	Check	Update

5. Payment Method screen will allow employee to add banking information (account, routing number). Click “Update” to start the process:

The screenshot shows the Erisa Trust Company portal with the 'Accounts' tab selected. The main content area shows the 'Profile / Payment Method' section. Below this is a table titled 'Current Payment Method' with columns for Plan Year, Account(s), Primary, Alternate, and an Update button. The table contains two rows of data. Below the table is a privacy notice and a copyright notice.

We collect information about your use of this portal (for example, how long you are on the portal, the pages you visit, etc.) so that we can understand and improve user experience.
For more information, [click here](#).
To opt out of this information collection, [click here](#).

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HR: Reminders

Dedicated Website

- <https://www.mybenefitsnm.com/>



- Updated Forms: Prior Calendar Year Request for Refund-Agency
 - Updated to include current OPR financial options

Time Adjustment

- When employees are out on leave and an adjustment is required, notify the Employee Benefits Bureau immediately as this may affect the individual premium payment.

➤ Crystal.Lawrence2@state.nm.us

- Acknowledgment Form





**THANK YOU FOR
ATTENDING**

