



MICHELLE LUJAN GRISHAM
GOVERNOR

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State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
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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) 827-1957

**State of New Mexico Employees
PREMIUM ONLY PLAN (POP)
NOTICE OF WAIVER**

I, _____, wish to “waive” participation in the Premium Only Plan (POP) for the benefits plan year of January 1 through December 31, 20____.

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 into this program is on a yearly basis and will be up for renewal on January 1st of the coming new year and will not be automatically carried over.

Employee Name (print)

Agency Name and Number

Employee Signature

Date

Submit to Erisa Administrative Services:

E-Mail: sonm@easitpa.com

Fax: 505-244-6009

Email: gsdrmd.ebb@gsd.nm.gov

Late submission of the POP Waiver will not be granted.