

SELF-PAY PREMIUMS AND HR-REMINDERS





EBB TRAININGS: SELF-PAY PREMIUMS

AGENDA

FIRST HALF

- TIME ENTRY AND RECORDING
- TRACKING SELF-PAY PREMIUMS
- AUDIT PAYROLL DEDUCTIONS
- TIME REPORTING DURING HOLIDAYS
- COLLECTING BASIC LIFE PREMIUM FROM AGENCY

- REQUIRED MATERIAL AND HANDS-ON WALK THROUGH

SECOND HALF

- DEDUCTIONS NOT TAKEN
- RETRO TERMINATION OF BENEFITS
- NOTIFICATION TO TERMINATE BENEFIT FORM


TIME ENTRY AND RECORDING TIME

Human Resource Analysts:

All classified positions should be reporting time regardless of what TRC is being reported.

- ANY TRC's being utilized should be recorded accurately, this will ensure benefit deductions are reflecting correctly.
- Explanation of TRC Codes can be located on DFA's website at the following link:

www.nmdfa.state.nm.us/SHAREHCM_Tips.aspx

 SHARE Tips Time and Labor Time Reporting Codes Explained			
TRC	Short Description	Description	TRC will deduct or add hours to this Leave or Comptime Off Plan
ADCPY	Administrative Comp Buy Back	This TRC is used to pay out Administrative Comp Time	Comp Time - ADMINCOMP
ADCTA	Administrative Comp Awarded	This TRC is used to award Administrative Comp Time to an employee.	Comp Time - ADMINCOMP
ADCTL	Administrative Comp Lost	This TRC is used to record hours of Administrative Comp Time lost by an employee, if applicable.	Comp Time - ADMINCOMP
ADCTT	Administrative Comp Taken	This TRC is used to record hours of Administrative Comp Time used as leave by the employee.	Comp Time - ADMINCOMP
ADMLV	Administration Leave Taken	This TRC is used to record hours of Administrative Leave used by the employee as leave.	Comp Time - ADMINCOMP
ANLDL	Donated Annual Leave Unused	This TRC is used to decrease the number of hours in the Donated Leave balance (the number of hours donated is not needed, the un-needed hours will be removed by using this TRC. Use ANLDR to return the hours to the donor)	Donated Leave
ANLDR	Annual Donated Returned	This TRC is used to return Annual leave to the donor (the time was not needed and is being returned to the donor)	Annual Leave
		This TRC is used by the employee to use the donated annual leave hours. The employee must	

TRACKING SELF-PAY PREMIUMS

- Human Resource Analysts are responsible for tracking employees who are out on leave. Analysts will notify employee of their responsibility of paying premiums by mailing them a Premiums Due FMLA, or LWOP initial notice. The initial notice is an official notification of premiums due to the Risk Management Division. These notices can be located at the following link:

<https://www.mybenefitsnm.com/FGP.htm>

- Human Resource Analyst will include the Employee Benefits Bureau's Leave without Pay (LWOP) benefit Premium Transmittal form. This form can be located at the link below:

[Transmittal Form-COVID 2021.pdf \(mybenefitsnm.com\)](#)

AUDIT PAYROLL DEDUCTIONS

- Human Resource Analysts will audit payroll deductions to determine if premium is owed, and audit this deduction in SHARE under the Review Pay Check Tab.
- Utilize Employee Benefits Bureau's Leave without Pay (LWOP) Benefit Premium Transmittal form.
- Audit employee-elected premiums

TIME REPORTING DURING THE HOLIDAYS

- Employees who are out on LWOP/FML during the holiday season may still qualify for the paid holiday
- Please ensure the employee has recorded their time accurately
- DO NOT record any time on a scheduled Holiday as the holiday is automatically generated in the SHARE system
- Human Resource analysts must ensure the employee is also active under job data

[illegible]



LET'S GET STARTED!

A step by step overview

ADMINISTRATIVE GUIDE

XIII. SELF-PAY PREMIUM SITUATIONS

State employees:

- There are three sets of circumstances in which an employee, who would otherwise lose eligibility for coverage under the plan, may continue coverage by paying the full premium. The Anti-Donations Act precludes the SoNM from making a contribution toward these employees with the exception of FMLA.
- An employee is responsible to pay 100% of benefit premiums (both State, as well as employee portions) when:
- An employee is on LWOP, without FMLA coverage, and has no leave time to cover premiums
- An employee exhausts all FMLA total hours and has no leave time to cover premiums, or
- An employee is on Workers Compensation coverage and has no leave time to cover premiums

CHECK LIST

Ensure you have the following materials on hand:

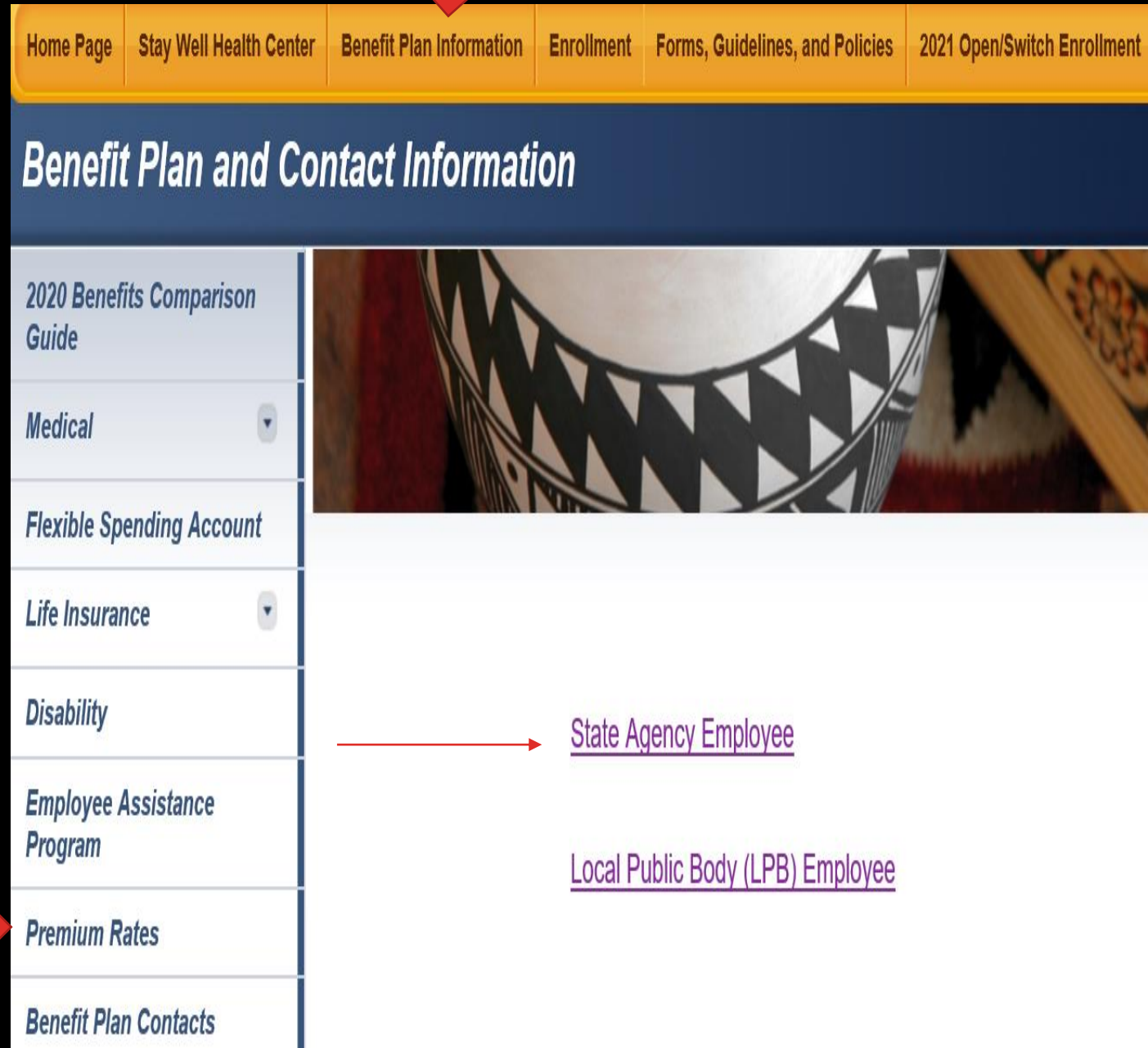
- ❖ Bi-Weekly Contribution Schedule
- ❖ Transmittal Form
- ❖ Basic Life Insurance Premium Transmittal Form
- ❖ Access to SHARE HCM
- ❖ Administrative Guide
- ❖ Disability Policy

LOCATION OF MATERIALS

All Material can be located on the Benefits website Link as follows:

<https://www.mybenefitsnm.com/FGP.htm>

Under Benefit Plan and Contact Information



The screenshot shows the top navigation bar of the website with the following links: Home Page, Stay Well Health Center, Benefit Plan Information, Enrollment, Forms, Guidelines, and Policies, and 2021 Open/Switch Enrollment. A red arrow points to the 'Benefit Plan Information' link. Below the navigation bar is a dark blue header with the text 'Benefit Plan and Contact Information'. To the left of the main content area is a vertical menu with the following items: 2020 Benefits Comparison Guide, Medical (with a dropdown arrow), Flexible Spending Account, Life Insurance (with a dropdown arrow), Disability, Employee Assistance Program, Premium Rates (with a red arrow pointing to it from the left), and Benefit Plan Contacts. To the right of the menu is a large image of a Native American basket. Below the image, there are two links: 'State Agency Employee' and 'Local Public Body (LPB) Employee', both underlined. A red arrow points from the 'Premium Rates' menu item to the 'State Agency Employee' link.

Home Page Stay Well Health Center **Benefit Plan Information** Enrollment Forms, Guidelines, and Policies 2021 Open/Switch Enrollment

Benefit Plan and Contact Information

- 2020 Benefits Comparison Guide
- Medical
- Flexible Spending Account
- Life Insurance
- Disability
- Employee Assistance Program
- Premium Rates
- Benefit Plan Contacts

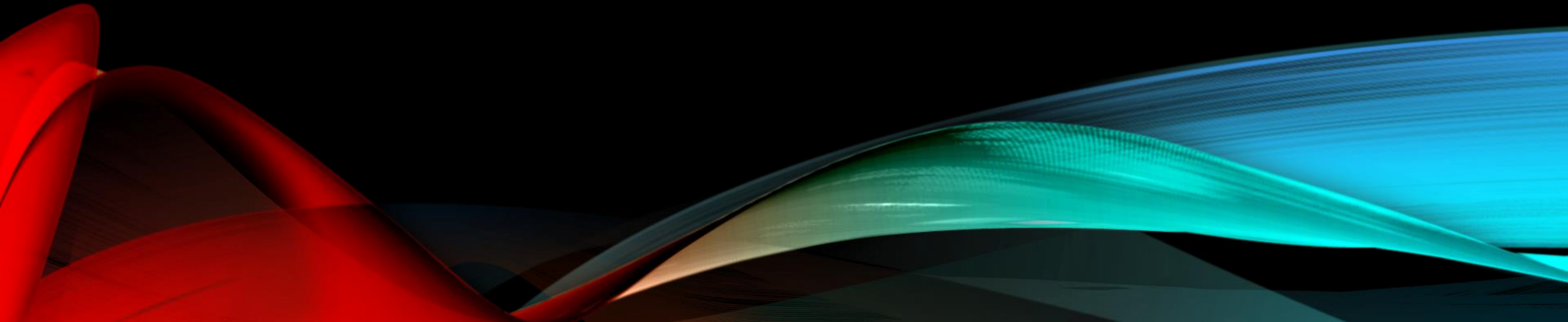
State Agency Employee

Local Public Body (LPB) Employee

WALK THROUGH

Review Materials

SHARE HCM Walk through

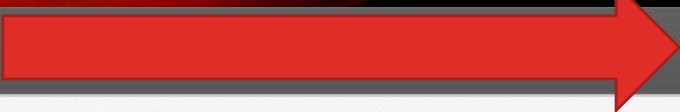






User ID

Password

Sign In




avorites

 **Edit Favorites**

ASI FLEX

Health Benefits

 **Job Data**

Modify a Person

NMS Statewide Employee Search

Query Viewer


Review Paycheck

Job Data

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

▼ Search Criteria

 Empl ID begins with ▼

Empl Record = ▼

Name begins with ▼

Last Name begins with ▼

Second Last Name begins with ▼

Alternate Character Name begins with ▼

Middle Name begins with ▼

☐ Include History ☐ Case Sensitive

Search

Clear

Basic Search



Save Search Criteria

Employee

Empl ID
Empl Record 0

Work Location Details

Find First 2 of 34 Last

Go To Row

Effective Date 07/11/2020
Effective Sequence 0
HR Status Active
Payroll Status Active

Action Pay Rate Change
Reason FY21 Legislative Increase
Job Indicator Primary Job

History



Position Number

Override Position Data

Position Entry Date 10/21/2017

Position Management Record

Regulatory Region USA

United States

Company NM

State of New Mexico

Business Unit

Department

Department Entry Date 10/21/2017

Location

Establishment ID

State of New Mexico

Date Created 07/13/2020

Last Start Date 03/19/2001

Expected Job End Date

End Job Automatically

Job Data

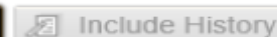
Employment Data

Earnings Distribution

Benefits Program Participation



Save



Include History

Benefit Program Participation

Employee



Empl ID
Empl Record 0

Benefit Status ?

Find

First

2 of 34

Last

Benefit Record Number 0



Go To Row

Effective Date 07/11/2020

Effective Sequence 0

HR Status Active

Payroll Status Active

Action Pay Rate Change

Reason FY21 Legislative Increase

Job Indicator Primary Job

History



Benefits System Benefits Administration

Benefits Employee Status Active

Annual Benefits Base Rate

USD

ACA Eligibility Details

Benefits Administration Eligibility ?

BAS Group ID NMS

New Mexico State

Elig Fld 1 A

Elig Fld 2

Elig Fld 3 POLCOR

Elig Fld 4

Elig Fld 5

Elig Fld 6

Elig Fld 7

Elig Fld 8

Elig Fld 9

Benefit Program Participation Details ?

Find | View All

First

1 of 1

Last

Effective Date 03/19/2001

Currency Code USD

Benefit Program NMA

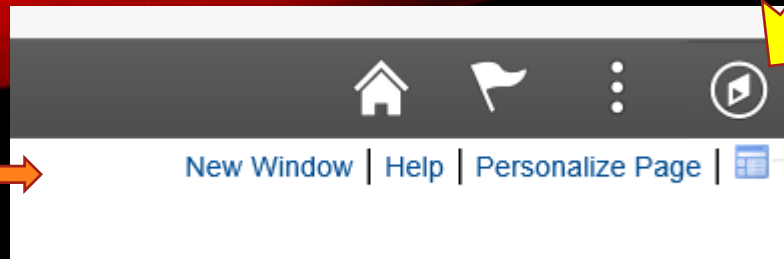
State of New Mexico

Job Data

Employment Data

Earnings Distribution

Benefits Program Participation

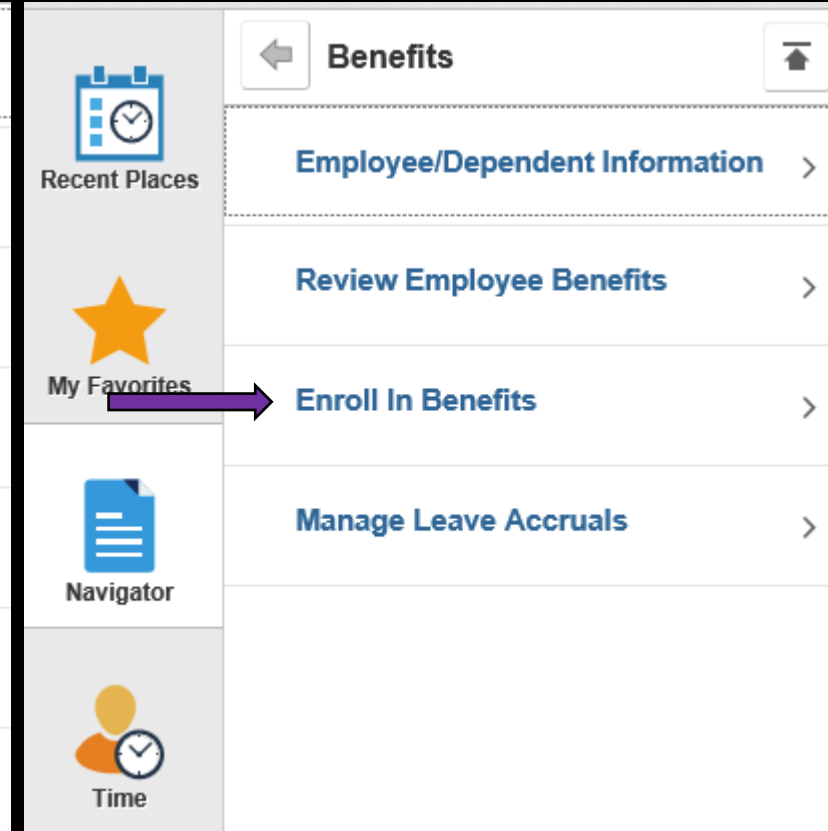
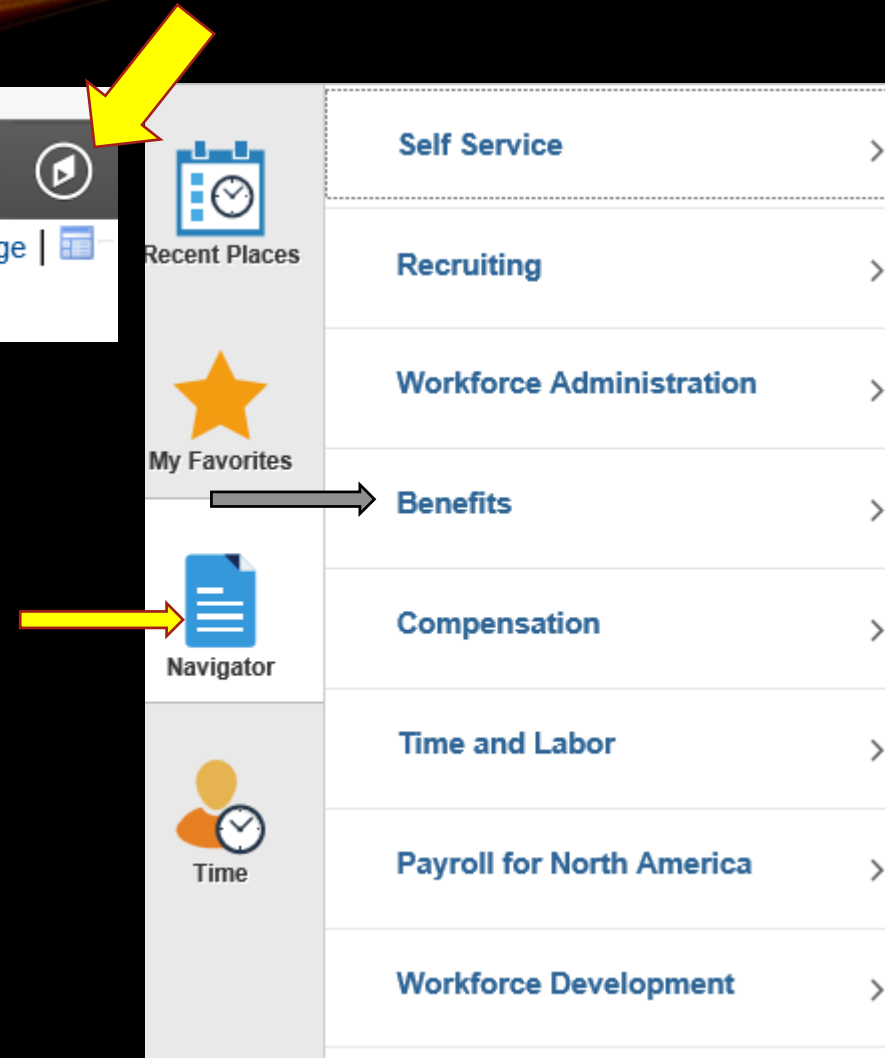


Step 1:
Open New window

Step 2:
Select Navigator

Step 3:
Select Benefits

Step 4 :
Enroll in benefits



Step 5:
Select Health Benefits

Step 6:
Enter Employee ID

Step 7:
Search

Health Benefits

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Search Criteria

Empl ID begins with

Benefit Record Number =

Name begins with

Last Name begins with

Business Unit begins with

Department Set ID begins with

Department begins with

Organizational Relationship =

Alternate Character Name begins with

☐ Include History ☐ Case Sensitive

Search **Clear** **Basic Search** **Save Search Criteria**

Health Benefits

Employee

ID

Benefit Record Number 0

Plan Type

Plan Type 10 Medical

Find | View All First 1 of 9 Last

Coverage

Find | View All First 1 of 1 Last

Coverage Begin Date 11/09/2013

Deduction Begin Date 11/09/2013

Coverage Election

☒ Elect ☐ Waive ☐ Terminate

Election Date 11/09/2013

Benefit Program BandA

Benefit Plan PRESP Presbyterian Pre-Tax

Option Code 823

Coverage Code 4 Family

Health Provider ID

☐ Previously Seen

Employee Status Leave With Pay

Enroll All Dependents

Dependent/Beneficiaries

Personalize | 1-3 of 3

ID	Name	Relationship to Employee	Health Provider ID	Prev Seen	Covered Person Type	Age Limit Flg
01		Spouse		<input type="checkbox"/>	Spouse	N
02		Child		<input type="checkbox"/>	Child	Y
03		Child		<input type="checkbox"/>	Child	Y

Save

Return to Search

Notify

Refresh

Include History

- Step 1: include history
- Step 2: Select view all on both drop downs
- Step 3: Identify the plan the employee is enrolled in
- Step 4: Identify the coverage code

Delta Dental	\$ 34.31	\$ 6.86	\$ 27.45	\$ 10.29	\$ 24.02	\$ 13.72	\$ 20.59
EyeMed	\$ 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
EyeMed	\$ 7.69	\$ 1.54	\$ 6.15	\$ 2.31	\$ 5.38	\$ 3.08	\$ 4.61

EMPLOYEE PLUS DOMESTIC PARTNER PLUS CHILDREN (FAMILY)

	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%	30%		70%	40%		60%
Presbyterian - HMO	\$ 731.54	\$ 84.32	\$ 61.99	\$ 585.23	\$ 126.48	\$ 92.99	\$ 512.07	\$ 168.62	\$ 123.99	\$ 438.93
BCBS - HMO	\$ 731.54	\$ 84.32	\$ 61.99	\$ 585.23	\$ 126.48	\$ 92.99	\$ 512.07	\$ 168.62	\$ 123.99	\$ 438.93
BCBS - PPO	\$ 850.83	\$ 98.06	\$ 72.11	\$ 680.66	\$ 147.09	\$ 108.16	\$ 595.58	\$ 196.12	\$ 144.21	\$ 510.50
Delta Dental	\$ 44.74	\$ 5.97	\$ 2.98	\$ 35.79	\$ 8.95	\$ 4.47	\$ 31.32	\$ 11.94	\$ 5.96	\$ 26.84
EyeMed	\$ 7.69	\$ 1.05	\$ 0.49	\$ 6.15	\$ 1.57	\$ 0.74	\$ 5.38	\$ 2.09	\$ 0.98	\$ 4.62

GENERAL COVERAGE

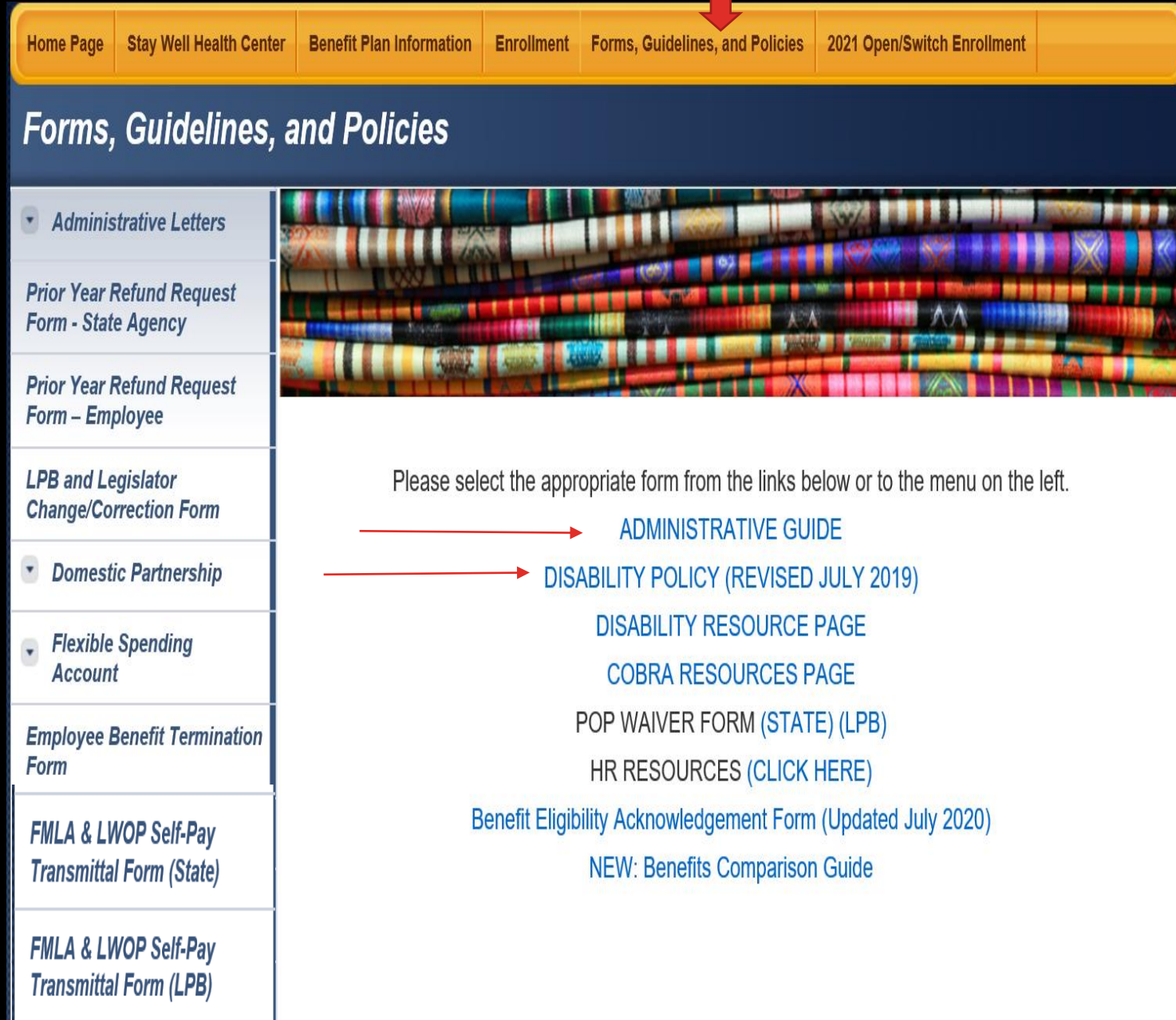
	GROSS RATE	Salary Less than \$50k		Salary \$50K to \$59,999K		Salary \$60K and Over	
		Employee	State	Employee	State	Employee	State
		20%	80%	30%	70%	40%	60%
Admin. Fee	\$ 0.63	\$ 0.13	\$ 0.50	\$ 0.19	\$ 0.44	\$ 0.25	\$ 0.38
Basic Life	\$ 2.04		\$ 2.04	\$ -	\$ 2.04	\$ -	\$ 2.04
Disability	\$ 4.56	\$ 4.56	\$ -	\$ 4.56	\$ -	\$ 4.56	\$ -

LOCATION OF MATERIALS

All Material can be located on the Benefits website Link as follows:

<https://www.mybenefitsnm.com/FGP.htm>

Under Forms Guidelines and Policies



Home Page Stay Well Health Center Benefit Plan Information Enrollment Forms, Guidelines, and Policies 2021 Open/Switch Enrollment

Forms, Guidelines, and Policies

Administrative Letters

- Prior Year Refund Request Form - State Agency
- Prior Year Refund Request Form – Employee
- LPB and Legislator Change/Correction Form

Domestic Partnership

Flexible Spending Account

Employee Benefit Termination Form

FMLA & LWOP Self-Pay Transmittal Form (State)

FMLA & LWOP Self-Pay Transmittal Form (LPB)

Please select the appropriate form from the links below or to the menu on the left.

- ADMINISTRATIVE GUIDE
- DISABILITY POLICY (REVISED JULY 2019)
- DISABILITY RESOURCE PAGE
- COBRA RESOURCES PAGE
- POP WAIVER FORM (STATE) (LPB)
- HR RESOURCES (CLICK HERE)
- Benefit Eligibility Acknowledgement Form (Updated July 2020)
- NEW: Benefits Comparison Guide

- Step 1:
Open New window
- Step 2:
Select Navigator
- Step 3:
Select Payroll for North America
- Step 4:
Select Payroll Processing USA
- Step 5:
Select Produce Payroll
- Step 6:
Review Paycheck

NavBar: Navigator

Recent Places

My Favorites

Navigator

Time

Self Service

Recruiting

Workforce Administration

Benefits

Compensation

Time and Labor

Payroll for North America

igator

Payroll for North America

Payroll Processing USA

Periodic Payroll Events USA

Payroll Processing USA

Produce Payroll

Pay Period Reports

Produce Payroll

Review Paycheck

Review Self Service Paycheck

Review Paycheck Summary

Review Actuals Distribution

Review FLSA Pay Data

Step 7:
Enter
Employee ID

Step 8:
Select Search

Step 9:
Select Pay
advice being
audited

▼ Search Criteria

Pay Period End Date =

Off Cycle ? ☐

Page Nbr =

Line Nbr =

Separate Check Nbr =

Empl ID begins with

Company begins with

Pay Group begins with

Paycheck Number =

Name begins with

☐ Case Sensitive

[Basic Search](#) [Save Search Criteria](#)

Search Results

Only the first 300 results can be displayed.

View All First 1-100 of 300

Company	Pay Group	Pay Period End Date	Off Cycle ?	Page Nbr	Line Nbr	Separate Check Nbr	Form Identification	Paycheck Number	Empl ID	Name
NM	COF	10/02/2020	N	58	43	0	CHECK	469546		
NM	COF	09/18/2020	N	58	43	0	ADVICE	8141921		
NM	COF	09/04/2020	N	58	43	0	CHECK	468975		
NM	COF	08/21/2020	N	59	43	0	CHECK	468743		
NM	COF	08/07/2020	N	59	42	0	CHECK	468492		
NM	COF	07/24/2020	N	58	48	0	ADVICE	8053762		
NM	COF	07/10/2020	N	58	49	0	ADVICE	8031738		
NM	COF	06/26/2020	N	58	49	0	ADVICE	8000605		

Step 1:
Select Pay
check Earning
Tab

Step 2:
View all

Step 3:
Identify Type of
Leave the
employee is on

Paycheck Earnings | Paycheck Taxes | Paycheck Deductions

Emp 0 Name Company NM Pay Gro Pay Period End 09/04/2020 Page 58 Line 43 Separate Check

Paycheck Information
Paycheck Status Confirmed
Issue Date 09/11/2020
☐ Off Cycle ☐ Reprint ☐ Adjustment
Paycheck Option Check
Paycheck Num ☐ Corrected ☐ Cashed

Paycheck Totals
Earnings 0.00
Taxes 0.00
Deductions 0.00
Net Pay 0.00

Earnings Find | View All v1 First 1-2 of 2 Last
Begin Date 08/22/2020 End Date 08/28/2020 Addl Line Nbr 2 Reason Not Specified
Empl Record 0 Benefit Record 0 Additional Data

Salaried
Hours 0.00
Rate 19.518635
Earnings 0.00

Hourly
Hours 0.00
Rate 0.000000
Earnings 0.00
Rate Code

Overtime
Hours 0.00
Rate 0.000000
Earnings 0.00
Rate Code

Rate Used Hourly Rate Shift 1
State NM Locality

Other Earnings Personalize | Find | View All | First 1 of 1 Last
Other Earnings Details 1 | Other Earnings Details 2 |

Code	Description	Rate Used	Hours	Rate	Amount	Source
FLU	Family Medical Leave Unpaid	Hourly Rate	40.00	19.518635	780.75	

Salaried
Hours 0.00
Rate 19.518635
Earnings 0.00

Hourly
Hours 0.00
Rate 0.000000
Earnings 0.00
Rate Code

Overtime
Hours 0.00
Rate 0.000000
Earnings 0.00
Rate Code

Rate Used Hourly Rate Shift 1
State NM Locality

Other Earnings Personalize | Find | View All | First 1 of 1 Last
Other Earnings Details 1 | Other Earnings Details 2 |

Code	Description	Rate Used	Hours	Rate	Amount	Source
FLU	Family Medical Leave Unpaid	Hourly Rate	40.00	19.518635	780.75	

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

Code	Description	Hours	Earnings	Empl Record
FML	FMLA Eligible Hours Worked	80.00	1,561.50	0

Paycheck Deductions

Empl ID Name

Company NM

Pay Group

Pay Period End 09/04/2020

Page 58

Line 43

Separate Check

Paycheck Information

Paycheck Status Confirmed

Paycheck Option Check

Issue Date 09/11/2020

Paycheck Number

☐ Off Cycle

☐ Reprint

☐ Adjustment

☐ Corrected

☐ Cashed

Paycheck Totals

Earnings 0.00

Taxes 0.00

Deductions 0.00

Net Pay 0.00

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	585.23	
DENPRE	Dental Pre Tax	Before-Tax		
DENPRE	Dental Pre Tax	Nontaxable Benefit	35.79	
VISPRE	Vision Pre Tax	Before-Tax		
VISPRE	Vision Pre Tax	Nontaxable Benefit	6.15	
ADMIN	GSD/RMD Admin Fee	After-Tax		
ADMIN	GSD/RMD Admin Fee	Nontaxable Benefit	0.50	
BASICP	Basic Life/ADD - Supplemental	Nontaxable Benefit	3.06	75,000.00
BASICP	Basic Life/ADD - Supplemental	Taxable Benefit	1.15	75,000.00
DISAB	Disability	After-Tax		3,383.23

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

FAMILY COVERAGE

Salary
Less than \$50k \$50K to \$59,999K

	GROSS RATE	Employee 20%	State 80%	Employee 30%	State 70%
Presbyterian - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 219.46	\$ 512.08
BCBS - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 219.46	\$ 512.08
BCBS - PPO	\$ 850.83	\$ 170.17	\$ 680.66	\$ 255.25	\$ 595.58
Delta Dental	\$ 44.74	\$ 8.95	\$ 35.79	\$ 13.42	\$ 31.32
EyeMed	\$ 7.69	\$ 1.54	\$ 6.15	\$ 2.31	\$ 5.38

EMPLOYEE PLUS DOMESTIC PARTNER P

Salary
Less than \$50k \$50K to \$59,999K

	GROSS RATE	EE Pre 20%	EE After 80%	State 80%	EE Pre 30%
Presbyterian - HMO	\$ 731.54	\$ 84.32	\$ 61.99	\$ 585.23	\$ 126.48
BCBS - HMO	\$ 731.54	\$ 84.32	\$ 61.99	\$ 585.23	\$ 126.48
BCBS - PPO	\$ 850.83	\$ 98.06	\$ 72.11	\$ 680.66	\$ 147.09
Delta Dental	\$ 44.74	\$ 5.97	\$ 2.98	\$ 35.79	\$ 8.95
EyeMed	\$ 7.69	\$ 1.05	\$ 0.49	\$ 6.15	\$ 1.57

GENERAL COVERAGE

Salary
Less than \$50k \$50K to \$59,999K

	GROSS RATE	Employee 20%	State 80%	Employee 30%	State 70%
Admin. Fee	\$ 0.63	\$ 0.13	\$ 0.50	\$ 0.19	\$ 0.44
Basic Life	\$ 2.04		\$ 2.04	\$ -	\$ 2.04
Disability	\$ 4.56	\$ 4.56	\$ -	\$ 4.56	\$ -

Paycheck Earnings

Paycheck Taxes

Paycheck Deductions

Empl ID

Name

Company NM

Pay Group

Pay Period End 09/04/2020

Page 58

Line 43

Separate Check

Paycheck Information

Paycheck Status Confirmed

Paycheck Option Check

Issue Date 09/11/2020

Paycheck Number

☐ Off Cycle

☐ Reprint

☐ Adjustment

☐ Corrected

☐ Cashed

Paycheck Totals

Earnings 0.00

Taxes 0.00

Deductions 0.00

Net Pay 0.00

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	146.31	Not Enough Net Pay
MEDPRE	PRESP	0	Medical		
DENPRE	DELTP	0	Dental	8.95	Not Enough Net Pay
DENPRE	DELTP	0	Dental		
VISPRE	VISNP	0	Vision	1.54	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		
BASICP	BASICP	0	Basic Life/AD&D		
BASICP	BASICP	0	Basic Life/AD&D		
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

Please submit form with payment to your HR Department by:_____.

State Agency Name: SoNM Date: 10/07/2020

HR Rep: John Doe Contact Phone #: 505-XXX-XXXX

Employee Name: DOE,DOE Employee ID#: _____

Pay Period Ending(s): 9/4/2020

HR Comments: FMLA/LWOP

Type of leave employee is currently on: SELECT ONE	Employee Portion Due	State Portion Due
Medical PRESBYTERIAN Tier EMPLOYEE+FAMILY	\$ 146.31	
Dental Tier EMPLOYEE+FAMILY	\$ 8.95	
Vision Tier EMPLOYEE+FAMILY	\$ 1.54	
Disability (self-pay premium)	\$ 4.56	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	\$ 0.13	
Total	\$ 161.49	\$ 0.00
Total Amount Due (Must submit the exact amount)	\$ 161.49	

Calculator

Standard

146.31 + 8.95 + 1.54 + 0.13 + 4.56 =

161.49

MC MR M+ M- MS M*

% CE C <X>

1/x x² √x ÷

7 8 9 ×

4 5 6 −

1 2 3 +

+/- 0 . =

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.

Note: Personal Checks will be accepted during the COVID-19 Pandemic to prevent exposure of going to a bank or store to get a Money Order or Cashier’s Check. Self-pay member is responsible for \$35 return check fee incurred due to insufficient funds.

Attention Employee: Failure to follow steps for payment may cause a delay AND may run the risk of losing benefits.

LEAVE WITHOUT PAY (LWOP): Employees on LWOP are responsible for paying 100% of the gross premium of all elected 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.

Please Note: If the agency has turned off an employee's Action Reason, for example due to a suspension, etc., then the employee record will not produce a pay advice and all deductions will be turned off and un-collected.

In this case HR analysts are responsible for tracking these employees manually and must also complete the **EMPLOYEE BENEFITS BUREAU'S AGENCY-LIFE INSURANCE PREMIUM TRANSMITTAL FORM**. This will allow the Agency to submit an OPR for Basic Life Insurance premiums.



EMPLOYEE BENEFITS BUREAU: AGENCY-LIFE INSURANCE PREMIUM TRANSMITTAL FORM

State Agency Name: _____ Date: _____

HR Rep: _____ Contact Phone #: _____

Employee Name: _____ Employee ID #: _____

Pay Period Ending(s): _____

Reason for OPR: _____

Type of leave employee is currently on: <input type="button" value="SELECT ONE"/>	Agency Portion Due
LIFE INSURANCE-BASIC LIFE \$50,000-BASLF	
LIFE INSURANCE-LINE OF DUTY \$75,000 -BASICP	
Total	\$ 0.00


Required: A copy of the applicable payroll deduction screen and spreadsheet must be attached.

Please enter the necessary financial information below for OPR processing.

Financial Agency Contact: _____ Phone Number: _____

BUS UNIT	FUND	DEPT	ACCT	SUB ACCT	RPT. CAT	PROJ. UNIT	PROJECT	ACTIVITY	ANALYSIS TYPE	OPER UNIT	BUD REF	CLASS	DEBIT	CREDIT
	75203	6005000000	472302								121	E0000		

HR Signature _____ Date: _____

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

<https://www.mybenefitsnm.com/FGP.htm>

Submit Basic life transmittal forms to:

Crystal Lawrence2@state.NM.us

INDIVIDUAL PREMIUM PAYMENTS FOR FLEXIBLE SPENDING ACCOUNT

- Flexible Spending Accounts (FSA) allows employees to set aside money for eligible expenses prior to taxes being withheld.
 - Employee pledges a specified amount for the plan year.
 - Pledged amount is then divided by 26-27 pay periods per year.
 - Pledged amount is deducted each pay period in accordance with other elected benefits. Thus, making this premium also required.
 - Important
 - Individual premium payments shall be made for the exact premium amount based on pledge and amount calculated for each pay period while out on leave.
 - If the minimum of one premium payment is missed, Share reads the missed payment. Therefore, premiums are automatically increased for the remaining periods of the year.
- ❖ A qualifying event is required to make any changes to this benefit.

Reminder:

If an Employee chooses to utilize a personal check, please ensure they sign the COVID-19 Emergency Affidavit Form.

MICHELLE LUJAN GRISHAM
GOVERNOR

KEN ORTIZ
CABINET SECRETARY

CLINTON NICLEY
RISK MANAGEMENT DIRECTOR



State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
(505) 476-1837

FACILITIES MANAGEMENT DIVISION
(505) 827-2141

PURCHASING DIVISION
(505) 827-6472

RISK MANAGEMENT DIVISION
(505) 827-2030

STATE PRINTING & GRAPHIC SERVICES BUREAU
(505) 476-1930

LEASING/RENTAL SERVICES DIVISION
(505) 827-1938

Date: March 18, 2020

To: Human Resource Staff/Re: Members on Self-Pay Premiums

From: Employee Benefits Bureau

Subject: Exception to Rules during COVID-19 State of Emergency

In accordance with Governor Lujan Grisham's request to avoid large gatherings and ensure social distancing, the General Services Department has decided to temporarily permit the use of personal checks by employees on self-pay status throughout the duration of the COVID -19 State of Emergency.


If a personal check is rejected due to insufficient funds, the member will be required to pay a \$35 check return fee in addition to the amount due.

Please feel free to contact Amber Espinosa-Trujillo at (505) 827-0493 should you have any questions at this time.


If paying by personal check I hereby acknowledge there is a \$35 check return fee assessed as a result in addition to the amount that was due.

Signed _____


Date _____

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


NavBar: Navigator




Recent Places



My Favorites



Navigator



Time

Workforce Administration

Benefits

Compensation

Time and Labor

Payroll for North America

Workforce Development

Organizational Development

Historical Data -Pre July 2006


Set Up HCM

Worklist


Reporting Tools

PeopleTools

NavBar: Navigator



Recent Places



Reporting Tools

Query

Report Manager

Query Viewer

Query Viewer

Enter any information you have and click Search. Leave fields blank for a list of all values.

*Search By

Query Name

begins with

Deductions Not Taken Report

NMS_BN_DEDUCTIONS_NOT_TAKEN	Deductions Not Taken Report	Public	HTML	Excel	XML	Schedule	Lookup References
-----------------------------	-----------------------------	--------	------	-------	-----	----------	-------------------

NMS_BN_DEDUCTIONS_NOT_TAKEN - Deductions Not Taken Report

Pay End Date FROM

Pay End Date TO

View Results

Row	Employee ID	Employee Name	Pay Group
-----	-------------	---------------	-----------

1	Deductions Not	212									
2	Employee ID	Employee Name	Pay Group	Agency Code	Pay Period End	Plan	Plan Typ	Deductn Cd	Dedn Class	Deduct Amount Not Taken	Reason
3	11111	Katherine Chavez			12/11/2020		General	NMDEF	Before-Tax	14.55	Net
4	11111	Katherine Chavez			12/11/2020	ADMIN	Admin Fee	ADMIN	After-Tax	0.13	Net
5	11111	Katherine Chavez			12/11/2020	VISNP	Vision	VISPRE	Before-Tax	0.55	Net
6	11111	Katherine Chavez			12/11/2020	FSAMED	FSA Health	FLEXSP	Before-Tax	178.03	Net
7	11111	Katherine Chavez			12/11/2020	PRESP	Medical	MEDPRE	Before-Tax	49.60	Net

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 at:**
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:
Empl Record: 0

Work Location Details Find First 1 of 2 Last

*Effective Date: 04/10/2020 Go To Row

Effective Sequence: 1

HR Status: Inactive

Payroll Status: Terminated

*Action: Termination

Reason: Health Reasons

*Job Indicator: Primary Job

Position Number: Current

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 XXXX 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: XXXXXX

☐ 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

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 PRESP

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](https://www.mybenefitsnm.com/documents/notification-to-term-benefits.pdf)



AMERICAN RESCUE PLAN ACT- COBRA SUBSIDY 2021

- Cobra premiums Subsidized
 - 6 Month Period
April 1, 2021- September 30, 2021
- Who is eligible?
 - Employees who were previously enrolled in health insurance coverage and were **involuntarily terminated** OR had a **reduction of hours** between November 1, 2019-September 30, 2021.
 - Certain conditions apply
- Notices: Mailed to members last known home address only
 - Members have 60 days from the date they receive the notice to respond
- **IMPORTANT: Correspondence from Erisa Administrative Services**
 - **Respond- 24 Hours**
- Contact: Erisa Administrative Services
 - 855-618-1800

Who We Are:

We are a state Risk Management program that works with state employees and their agencies to access workplace mediation, communication-based training and alternative resources to workplace conflict. Our goal is to provide state employees an early resource to resolve conflicts in the workplace.

Workplace Mediation:

The ADR Bureau uses a co-mediation model (two mediators) and is a peer mediation program. Most of our mediators are state employees; others are trained professionals who are dedicated to giving their time to help state employees improve their workplace relationships. Mediators help facilitate the discussion by ensuring an open, respectful and effective environment for dialogue to address workplace conflict.

Address
1100 S. St. Francis Drive
Suite #2079
Santa Fe, NM 87505
<https://adr.gsd.state.nm.us>

Contact Us
Mary Jo Lujan
Bureau Chief
505-827-0444

April McClellan
Mediation Coordinator
505-827-0421

Stefanie Ortega
Training Coordinator
505-827-0576

adr.bureau@state.nm.us

NM Alternative Dispute Resolution (ADR) Bureau

Risk Management Division
General Services Department

"Encouraging communication
through mutual respect."

Why Mediation?



The NM ADR Bureau helps manage and resolve work disputes in a fair, timely and cost-efficient manner. Most mediations can be scheduled in about two weeks once all paperwork is received.



Mediation emphasizes problem solving and encourages a forward-looking approach to resolving work disputes.



It allows managers and employees to influence the process and have control over the outcome, unlike other formal processes where someone else ultimately imposes an outcome.

- **Voluntary, Confidential & Free**

Mediation through our program is voluntary, confidential, informal and free. Workplace conflict is a workplace issue and should be dealt with during work time.

- **Self-Determination**

Trained, impartial third parties (mediators) do not take sides, offer solutions or have decision-making authority. They help the parties focus on their interests to reach a mutually agreeable resolution.

"This was a wonderful experience. I was able to express myself, listen to the other party and seek clarification. We were able to see things in a different perspective and we came out with good things to work on."

~ Program Participant



ONLINE MEDIATION AVAILABLE FOR STATE EMPLOYEES

Be proactive in improving your workplace relationships!

Are you experiencing conflict with your colleague, supervisor or employee?

A shift in your approach could be exactly what you need.

Are you ready to have an honest, forward-thinking, collaborative conversation with them?

Did you know mediation is a free resource available to state employees?

Here are some ways to learn more:

- ❖ Contact us directly to learn how you can benefit from mediation.
- ❖ Join us for a free 15-minute online presentation:
[Click Here to Register: 4/13/2021 at 9:00 am](#)
- ❖ Request to have a free online presentation delivered to your team.



NEW MEXICO
GENERAL SERVICES DEPARTMENT
"THE HEART AND SOUL OF STATE GOVERNMENT"



VOLUNTARY

—
CONFIDENTIAL

—
INFORMAL

—
FREE

mediation
promotes:

SELF -
DETERMINATION

—
PROBLEM -
SOLVING

NM ALTERNATIVE
DISPUTE RESOLUTION
(ADR) BUREAU

<https://adr.gsd.state.nm.us>

CONTACT US:

adr.bureau@state.nm.us

QUESTIONS



Thank You!



RESOURCES

- www.nmdfa.state.nm.us/SHAREHCM_Tips.aspx
- <https://www.mybenefitsnm.com/FGP.htm>
- [Transmittal_Form-COVID_2021.pdf \(mybenefitsnm.com\)](#)
- <https://www.generalservices.state.nm.us/riskmanagement/aboutus.aspx>