



*Time Entry & Recording, Refund  
Requests, Employee Assistance  
Program, Video Visits &  
Resources, and HR Reminders*

**“SOME PEOPLE WANT IT TO HAPPEN, SOME WISH IT WOULD  
HAPPEN, OTHERS MAKE IT HAPPEN.”**

**-MICHAEL JORDAN**

# Time Entry And Recording

Human Resource Analysts:

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

- TRC's being utilized should be recorded accurately, this will ensure benefit deductions are reflecting effectively and accordingly.

- TRC Codes Explained can be located on DFA's website at the following link:

[http://www.nmdfa.state.nm.us/SHAREHCM\\_Tips.aspx](http://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	



# Refund Request

- ☐ If an employee has moved to a different salary range during a calendar year, and an adjustment was not made at that time, make sure to include the difference on the spreadsheet for each salary range. If the employee worked for a different agency within the window of a prior year refund request, a separate employer request form must be prepared for that agency to be credited.
- ☐ HR Reps: in order to avoid delays, please make certain that the forms are complete. All pertinent information is attached, and verification of eligibility for a prior year refund has been done. White out is not acceptable. Please do not send EBB incomplete refund request forms; they will be returned.
- ☐ Please work with your employees on getting the W-9's filled out correctly, or the prior year refund request will not be processed. For questions regarding state employee prior year refunds, contact Risk Management Janet Montoya at 505-827-0097.



# Refund Request LPB/ Legislators

## **LPB EMPLOYEES:**

- ☐ The State does not directly refund premiums to LPB employees. Adjustments are made on the monthly LPB billing from Erisa/State. See your HR Representatives for refund processes. LPB HR Reps must communicate closely with Erisa re: refunds and adjustments to monthly premium invoices.
- ☐ LEGISLATORS & COBRA PARTICIPANTS: Call Erisa at 505-244-6000 or 1-855-618-1800 to discuss any refund issues/questions.




# Refund Requests

## REGARDING STATE EMPLOYEES:

- ❑ For requests of 4 pay periods or less, submit the forms directly to central payroll.
- ❑ For requests of 5 pay periods or more, submit to RMD for review and approval. RMD will forward the request to DFA.

Please follow these steps when submitting refund requests, for current calendar year requests, please use the DFA refund request form found under “forms” located on the link below:

[http://www.nmdfa.state.nm.us/Central\\_Payroll\\_Bureau.aspx](http://www.nmdfa.state.nm.us/Central_Payroll_Bureau.aspx).

 State of New Mexico – Department of Finance and Administration <b>REFUND REQUEST FORM</b> <small>Version 11 Rev 01.01.2020</small>			
Today's Date:	Requested By:	Telephone Number:	Pay Group: <small>Choose an item.</small>
Current PPE :	Employee Name:	EMPLID#:	Business Unit: <small>Choose an item.</small>
<b>EMPLOYEE SHARE:</b>		<b>STATE SHARE:</b>	
<small>Plan Type: Choose an item. LIFE: Choose an item.</small>		<small>Plan Type: Choose an item. LIFE: Choose an item.</small>	
<small>Benefit Plan: Choose an item.</small>		<small>Benefit Plan: Choose an item.</small>	
<small>EE Coverage: Choose an item.</small>		<small>EE Coverage: Choose an item.</small>	
<small>Amount: \$ <input type="checkbox"/> Taxable DP Premium</small>		<small>Amount: \$</small>	
<small>Plan Type: Choose an item. LIFE: Choose an item.</small>		<small>Plan Type: Choose an item. LIFE: Choose an item.</small>	
<small>Benefit Plan: Choose an item.</small>		<small>Benefit Plan: Choose an item.</small>	
<small>EE Coverage: Choose an item.</small>		<small>EE Coverage: Choose an item.</small>	
<small>Amount: \$ <input type="checkbox"/> Taxable DP Premium</small>		<small>Amount: \$</small>	
<small>Plan Type: Choose an item. LIFE: Choose an item.</small>		<small>Plan Type: Choose an item. LIFE: Choose an item.</small>	
<small>Benefit Plan: Choose an item.</small>		<small>Benefit Plan: Choose an item.</small>	
<small>EE Coverage: Choose an item.</small>		<small>EE Coverage: Choose an item.</small>	
<small>Amount: \$ <input type="checkbox"/> Taxable DP Premium</small>		<small>Amount: \$</small>	
<small>Plan Type: Choose an item. LIFE: Choose an item.</small>		<small>Plan Type: Choose an item. LIFE: Choose an item.</small>	
<small>Benefit Plan: Choose an item.</small>		<small>Benefit Plan: Choose an item.</small>	
<small>EE Coverage: Choose an item.</small>		<small>EE Coverage: Choose an item.</small>	
<small>Amount: \$ <input type="checkbox"/> Taxable DP Premium</small>		<small>Amount: \$</small>	
<small>Plan Type: Choose an item. LIFE: Choose an item.</small>		<small>Plan Type: Choose an item. LIFE: Choose an item.</small>	
<small>Benefit Plan: Choose an item.</small>		<small>Benefit Plan: Choose an item.</small>	
<small>EE Coverage: Choose an item.</small>		<small>EE Coverage: Choose an item.</small>	
<small>Amount: \$ <input type="checkbox"/> Taxable DP Premium</small>		<small>Amount: \$</small>	
<b>Explanation for the refund: (Required)</b>		<b>Re-submitting</b> <input type="checkbox"/>	
<b>HR Manager SIGNATURE:</b>		<b>DATE:</b>	
<b>Print Name:</b>		<b>Phone Number:</b>	

### Required Supporting Documentation:

Please include a Summary Page showing the breakdown of the total refunds. The Summary Page must contain: a break down by pay periods impacted, what was deducted, what should have been deducted, the difference and the total by plan types (EE Share and State Share). In addition to a Summary Page please provide print screens of all pay periods that were impacted (View Paycheck - Deduction Tab) as supporting documentation. The Benefit Plan must always be the same for Employee, State and DP. Please include ERISA email as supporting documentation as well.





# Prior Year Refund Request Process

- ❑ A W-9 will need to be submitted and approved by our ASD department, and DFA before any request can be processed. Make sure the W-9 has the employee's personal information, no WORK related information, or it will be rejected. Once the W-9 is approved you will need to submit the following:

*Example*

NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION FINANCIAL CONTROL DIVISION SUBSTITUTE FORM W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION	
TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION	
<b>PART I: SUPPLIER INFORMATION</b>	
1. Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA7028)	
First & Last Name	
2. If you use a DBA/Trade Name, please list below:	
3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):	
<input checked="" type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Estate or Trust
<input type="checkbox"/> Single Member / LLC (Individual)	<input type="checkbox"/> Government (Local, State, Federal, Tribe)
<input type="checkbox"/> Partnership General / LLC	<input type="checkbox"/> Tax-Exempt organization under IRC Section 501 C
<input type="checkbox"/> Corporation / Professional Corporation / LLC	<input type="checkbox"/> State of New Mexico Employee (Agency No.)
<input type="checkbox"/> Non-United States Business Entity	
4. 1099 Reporting: Services provided to the State by vendor:	
<input type="checkbox"/> Health care or medical service	<input type="checkbox"/> Royalties
<input type="checkbox"/> Attorney services	<input type="checkbox"/> State of NM Appointed Board member / commissioner / committee member
<input type="checkbox"/> Rental of Real Property	<input type="checkbox"/> Agency Volunteer (Agency No.)
	<input type="checkbox"/> DUAL Supplier & Active NM Employee
	<input checked="" type="checkbox"/> Other <b>BENEFITS REFUND</b>
<b>PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) &amp; TAXPAYER IDENTIFICATION TYPE</b>	
1. Enter your TIN here (DO NOT USE DASHES)	
999-99-9999	
2. Taxpayer Identification Type (check appropriate box):	
<input type="checkbox"/> Employer ID No. (EIN)	<input checked="" type="checkbox"/> Social Security No. (SSN)
<input type="checkbox"/> Employee ID	<input type="checkbox"/> N/A (Non-United States Business Entity)
<b>PART III: ADDRESS</b>	
1. Address: (Location where payments and correspondances can be sent) (If a NM state employee, enter Agency name and Field Office Address)	
Personal Address	
2. REMITTANCE, IF DIFFERENT: (Location specifically used for payment that is different than address 1, if applicable)	
Address Line #1	
Address Line #2	
Address Line #3	
City	
State	
Zip - 9 Digit	
City	
State	
Zip - 9 Digit	
<b>PART IV: CERTIFICATION</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct tax payer identification number for I am waiting for a number to be issued to me), AND	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND	
3. I am a U.S. Citizen or other U.S. person.	
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding	
Printed Name	
First & Last	
Occupation	
Blank	
Signature	
Personal Email Only	
Telephone Number	
Home	
Date from/td/yy	
Today's	
<b>PART V: OPTIONAL DIRECT DEPOSIT (ACH)</b>	
Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you (DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.	
Include a voided check or letter from financial institution if requesting ACH payments	
I acknowledge the IAT warning and authorize the State of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.	
Type of Account	
<input type="radio"/> Checking <input type="radio"/> Savings	
Signature	
Blank	
Printed Name	

# Prior Year Refund Request Process

- ❑ Copies of payroll deduction screens for the pay period end date in question must be attached to each packet (employee refund and agency refund). Include the contribution schedule(s) for the specific calendar year the refund pertains to. If the refund pertains to more than one pay period, include an excel spreadsheet detailing each pay period, the premium that was withheld, and the amount that should have been withheld. Utilize the Deduction & Refund Summary page on the DFA website [http://nmdfa.state.nm.us/Central\\_Payroll\\_Bureau.aspx](http://nmdfa.state.nm.us/Central_Payroll_Bureau.aspx)

## ❑ Example

Business Unit			Pay Group			Deduction		<input type="checkbox"/> Check Box 1		
Employee Name:			Current Date			Refund		<input type="checkbox"/> Check Box 2		
Employee ID:										
Employee Share					Taxable DP	State Share				
PPE	Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference	Mark only if Taxable DP		Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference
10/10/2014	A	\$0.00	\$0.00	\$0.00			A	\$0.00	\$0.00	\$0.00
10/10/2014	B	\$0.00	\$0.00	\$0.00			B	\$0.00	\$0.00	\$0.00
10/10/2014	C	\$0.00	\$0.00	\$0.00			C	\$0.00	\$0.00	\$0.00
10/10/2014	D	\$0.00	\$0.00	\$0.00			D	\$0.00	\$0.00	\$0.00
10/10/2014	E	\$0.00	\$0.00	\$0.00			E	\$0.00	\$0.00	\$0.00
10/24/2014	A	\$0.00	\$0.00	\$0.00			A	\$0.00	\$0.00	\$0.00
10/24/2014	B	\$0.00	\$0.00	\$0.00			B	\$0.00	\$0.00	\$0.00
10/24/2014	C	\$0.00	\$0.00	\$0.00			C	\$0.00	\$0.00	\$0.00
10/24/2014	D	\$0.00	\$0.00	\$0.00			D	\$0.00	\$0.00	\$0.00



# Prior Year Refund

❑ For prior calendar year requests, please use the refund request forms found in the “forms” section of this Benefits Administration Guide starting on page 60. There is a form called “Prior Calendar Year Request for Refund Form (Agency),” and “Prior Calendar Year Request for Refund Form (Employee).” One packet per each prior fiscal year is required.

[https://www.mybenefitsnm.com/Documents/Administrative\\_Guide\\_April\\_2020.pdf](https://www.mybenefitsnm.com/Documents/Administrative_Guide_April_2020.pdf)

## Prior Calendar Year Request for Refund Form (Agency)

Date:

From:  Phone:   
Human Resources Representative or Payroll Officer

State Agency

State Agency Address

Employee ID Employee Name Agency Code

Period:    
First Pay Period affected EndDate (mm/dd/yyyy) Last Pay Period affected End Date (mm/dd/yyyy)

Agency Portion:

SHARE HCM Code:	<input type="text"/>	Amount:	<input type="text"/>
SHARE HCM Code:	<input type="text"/>	Amount:	<input type="text"/>
SHARE HCM Code:	<input type="text"/>	Amount:	<input type="text"/>
SHARE HCM Code:	<input type="text"/>	Amount:	<input type="text"/>
SHARE HCM Code:	<input type="text"/>	Amount:	<input type="text"/>
SHARE HCM Code:	<input type="text"/>	Amount:	<input type="text"/>
SHARE HCM Code:	<input type="text"/>	Amount:	<input type="text"/>
		Total Amount:	0.00

*In order for this request to be processed, a copy of the applicable payroll deduction screen and spreadsheet must be attached.*

Brief Explanation of Refund Request:

## Agency: Prior Calendar Year Request For Refund Form Prior Calendar Year Request for Refund Form (Employee)

Date:

From:  Phone:   
Human Resources Representative or Payroll Officer

State Agency

State Agency Address

Employee ID Employee Name Agency Code

Please select the benefit option to be refunded:

<input type="checkbox"/> Administrative Fee	<input type="checkbox"/> Disability
<input type="checkbox"/> Presbyterian	<input checked="" type="checkbox"/> Delta Dental
<input type="checkbox"/> Blue Cross Blue Shield	<input checked="" type="checkbox"/> Vision Service Plan
<input type="checkbox"/> Lovelace	<input type="checkbox"/> Flexible Spending Plan (FSA)
<input type="checkbox"/> Dependent Life	<input type="checkbox"/> Additional (Supplemental) Life

Period:    
First Pay Period End Date (mm/dd/yyyy) Last Pay Period End Date (mm/dd/yyyy)

Agency Portion:



# Employee Assistance Program



**.The Solutions Group provides State of New Mexico employees and their dependents living in the same household with professional, confidential and free counseling. EAP counselors help individuals assess and resolve problems that can affect their lives at home and at work. All counselors are licensed professionals with extensive experience in the field of short-term counseling.**

**.This benefit was developed with you in mind to support SONM employees resolve problems within three face-to-face sessions. If an individual's situation requires additional services, the EAP counselors will quickly help him or her access behavioral health benefits, community resources, self-help groups or other appropriate services.**



# Employee Assistance Program

- ANXIETY
- DEPRESSION
- CONFLICT RESOLUTION
- DRUG/ALCOHOL ABUSE
- GAMBLING ADDICTION
- MARITAL CONFLICT
- FAMILY CHALLENGES
- CHILD/ELDER CARE
- GRIEF AND LOSS
- RELATIONSHIP ISSUES
- WORKPLACE ISSUES

## COVID-19 RESOURCES

### FREE LIVE WEBINARS

**SESSION 4 - April 22, 2020 | 9:00 – 10:00 AM MDT**

**SESSION 5 - April 28, 2020 | 5:30 - 6:30 PM MDT**

- <https://www.solutionsbiz.com/SONM/Pages/Recorded-Webinars.aspx>

To schedule an appointment, call  
1-855-231-7737

# Video Visits & Resources



- VIRTUAL VISITS  
THROUGH PHONE OR  
COMPUTER

- PHONE CALL

- 505-827-2485

- VIDEO VISITS
- ONLINE VISITS-  
QUESTIONNAIRE
- PHS.ORG

- NURSE ADVICE LINE
- 505-923-5570 or 1-866-  
221-9679

- NURSE ADVICE LINE 24/7
  - 800-973-6329

## WELLNESS WEBINARS

- [Finding Your Balance](#)
- [Tips for Healthy Fridge & Pantry](#)
- [Relaxation Techniques](#)



# HR-Reminders

## Self Pay Premium Payments During Covid-19

- The Transmittal Form has been updated to include a memo and note of the temporary authorized method of payment of a personal check.

- Instructions: Include Transmittal Form/Memo when billing the employee. Advise employee that it is required to sign and date the acknowledgment of the \$35 returned check fee if paying by personal check and to return to you with payment.

## Qualifying Event

- When an employee gains coverage they are required to go into benefits website and fill out an enrollment form to cancel their benefits with us within 31 days of gained coverage.

## Individual Premium Payments

- An employee is responsible to pay 100% of benefit premiums (both the State and employee portions) when:
  1. An employee is on LWOP, without FMLA coverage, and has no leave time to cover premiums
  2. An employee exhausts all FMLA total hours and has no leave time to cover premiums
  3. An employee is on Workers Compensation coverage and has no leave time to cover premiums



# Questions



