



**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:	Employee Portion Due	State Portion Due
Medical Tier		
Dental Tier		
Vision Tier		
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		
<b>Total Amount Due (Must submit the exact amount)</b>		

**THE TOTAL AMOUNT DUE MAY BE ON ONE MONEY ORDER/CASHIER OR PERSONAL CHECK, AND MADE PAYABLE TO RISK MANAGEMENT DIVISION. Please send payment to your HR Department.**

**Note: Personal Checks utilized by self-pay member will be 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.**

**Attention HR: When an employee is on leave of any type the agency is responsible for the basic life insurance premium.**

**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.

**Note: When an employee is reporting no time at all they are responsible for both portions of premiums.**

**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](http://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.

<p style="text-align: center;">For HR use only  Mail Payment To: Risk Management Division/Employee Benefits Bureau  P.O Box 6850  Santa Fe, New Mexico 87502</p>
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**MICHELLE LUJAN GRISHAM**  
GOVERNOR



**DUFFY RODRIGUEZ**  
ACTING CABINET SECRETARY

**RANDALL CHERRY**  
ACTING DIRECTOR  
RISK MANAGEMENT

ADMINISTRATIVE SERVICES DIVISION  
(505) 476-1857

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) 827-1958

Date: March 18, 2020

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


From: Employee Benefits Bureau

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.

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.*

\*Para asistencia en español con este formulario, por favor llame a Erisa al 1-855-618-1800