



### BASIC LIFE OPR TRAINING

Basic Life OPR Overview
Job Data walk through
Basic Life OPR Transmittal Form
Basic Life OPR required
supporting documentation

### BASIC LIFE OPR OVERVIEW

- Basic Life insurance: BASLF (Agency Responsibility)
- Basic Life Insurance for state employees \$50,000.00
- Basic Life Insurance (BASICP)
- Line Of Duty \$75,000.00

 Basic Life Insurance Premium (BASLF)

\$2.04

 Basic Life insurance Premium (BASICP) Line Of Duty

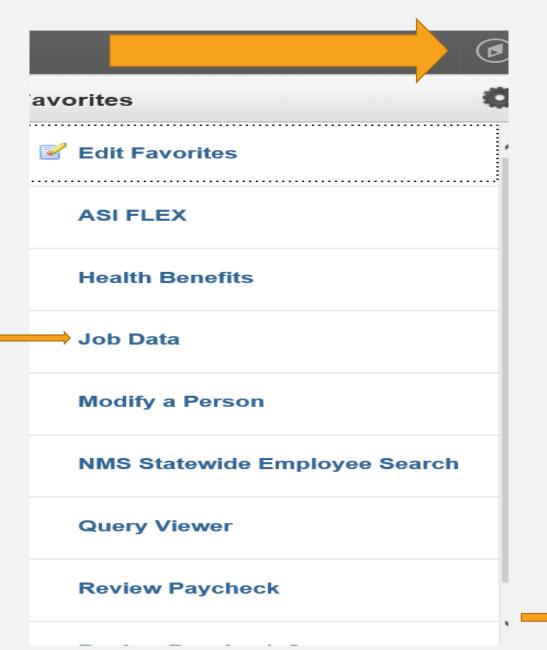
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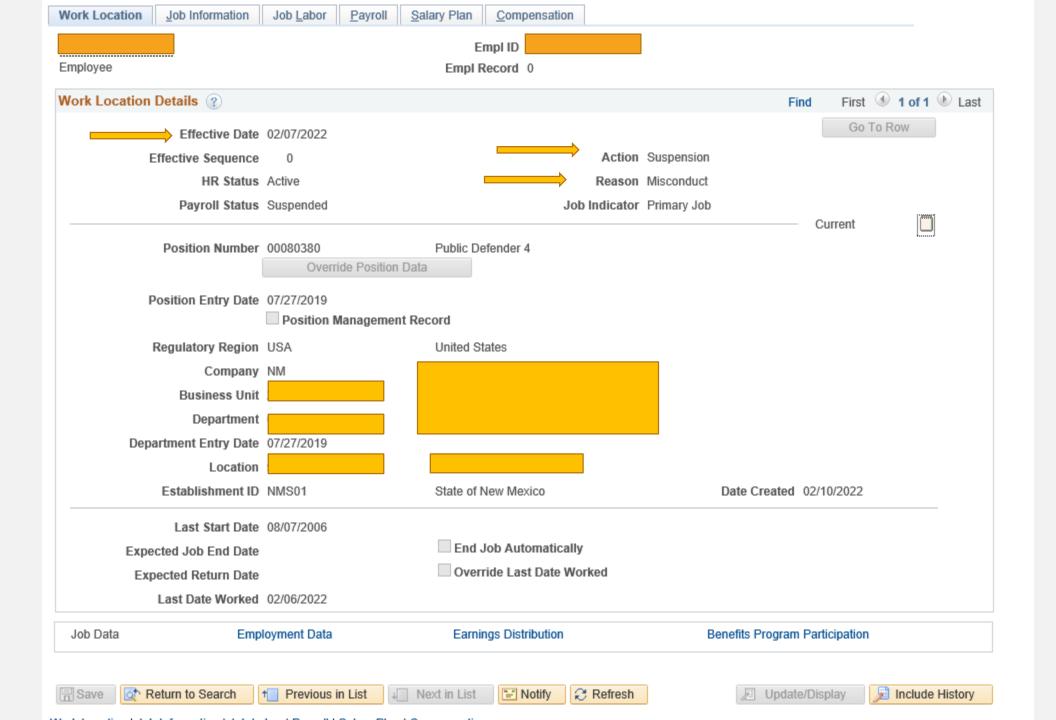
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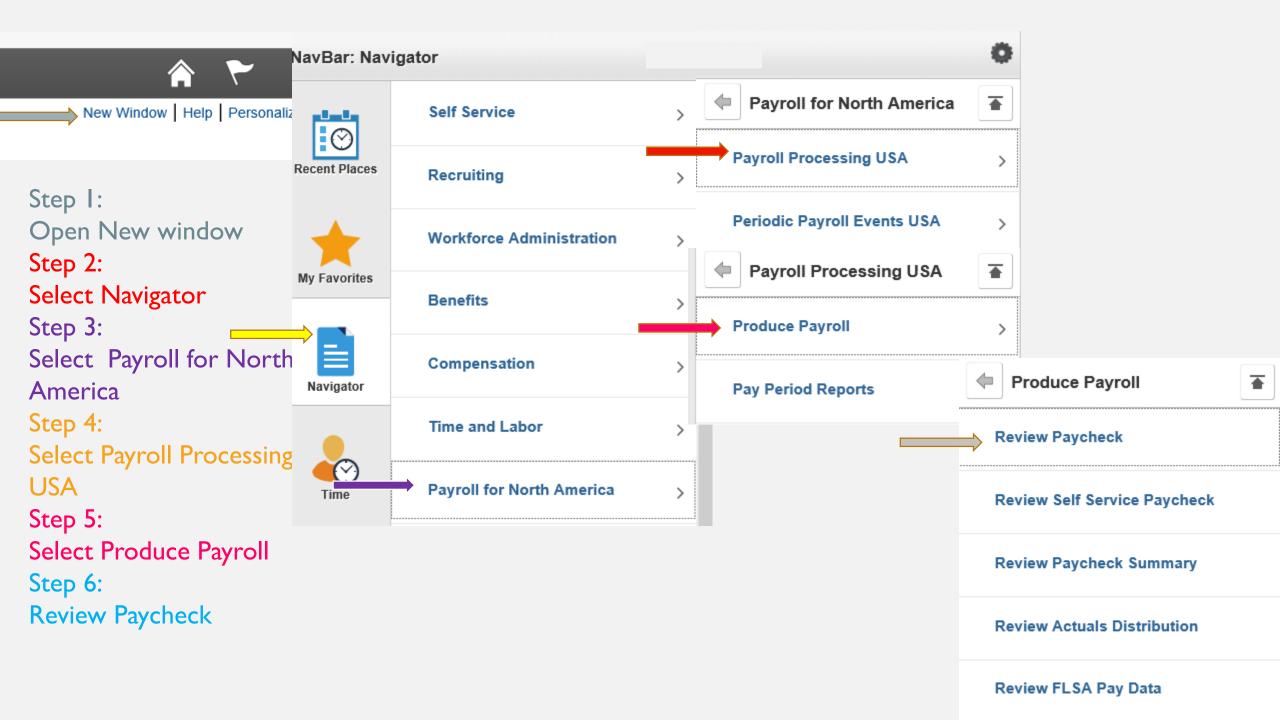
Password

Sign In



### **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 V Last Name begins with 🗸 Second Last Name begins with 🗸 Alternate Character Name begins with 🗸 Middle Name begins with ✓ ☐ Include History ☐ Case Sensitive Basic Search Save Search Criteria Clear Search





### **PAY ADVICES**

Case Sensitive

Clear Search



Basic Search Save Search Criteria

### Search Results

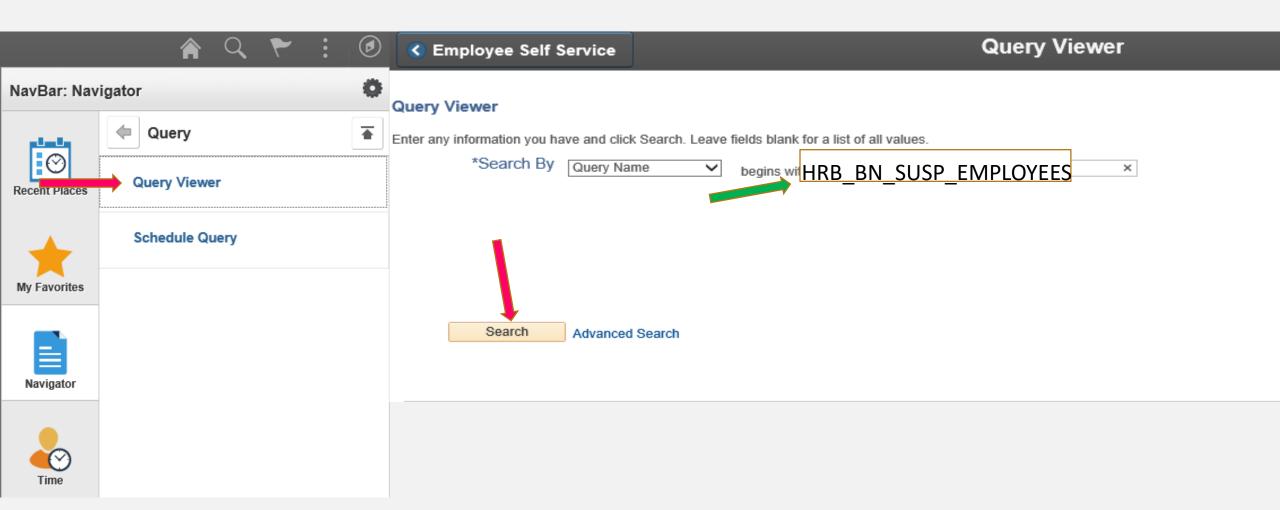
Only the first 300 results can be displayed.

View All			1						First	1-1	00 of 300 🕑 La
Company	Pay Group	Pay P	eriod End Date	Off Cycle?	Page Nbr	Line Nbr	Separate Check Nbr	Form Identification	Paycheck Number	Empl ID	Name
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NM		01/21	/2022	N	20	11	0	ADVICE			-
NM		01/07	/2022	N	20	11	0	ADVICE			
NM		12/24	/2021	N	20	11	0	ADVICE			

### **QUERY**



### **QUERY**





#### EMPLOYEE BENEFITS BUREAU: AGENCY-LIFE INSURANCE PREMIUM OPR TRANSMITTAL FORM

5ta	te Agen	cy Name:						D	ate:					
HR	Rep:					Co	ntact Pho	one #:						
Em	ployee	Name:					Employe	e ID#:				, I		
Pay	Period	Ending(s):												
Rea	ason for	OPR:												
Тур	pe of lea	ave employe	e is curr	ently o	n: SELE	CT ONE	-		Agen	cy Po	rtion (	Due		
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LIFE	E INSU	JRANCE-LII	NEOFE	OUTY \$	75,00	o -BAS	SICP							
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To	tal									\$ 0.	00			
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		Plea	se enter i	the nece	essary f	inancial	informa	tion below	v for OPE	proce:	sing.			
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BUS	FUND	DEPT	ACCT	SUB ACCT	RPT. CAT	PROJ. UNIT	PROJECT	ACTIVITY	ANALYSIS TYPE	OPER UNIT	BUD REF	CLASS	DEBIT	CREDIT
HR	Signatu	re					<u></u>	Date:						
EBE	3 Аррго	val					_	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.

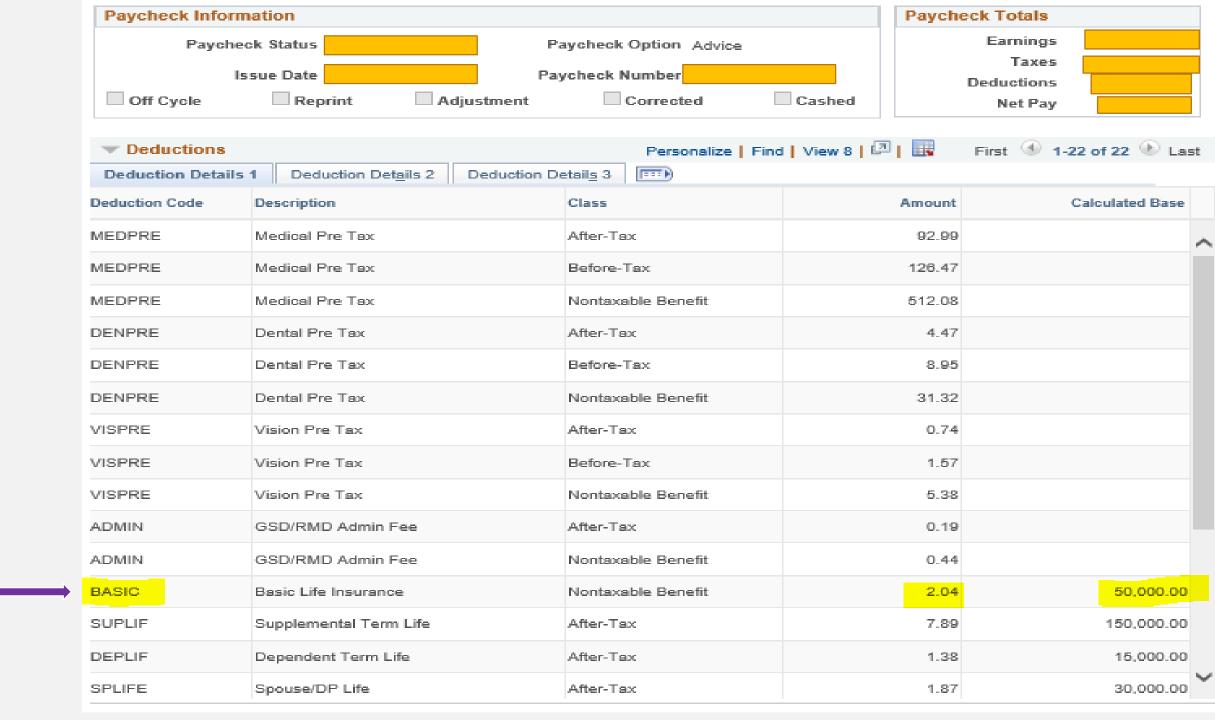
### FEBRUARY 2022

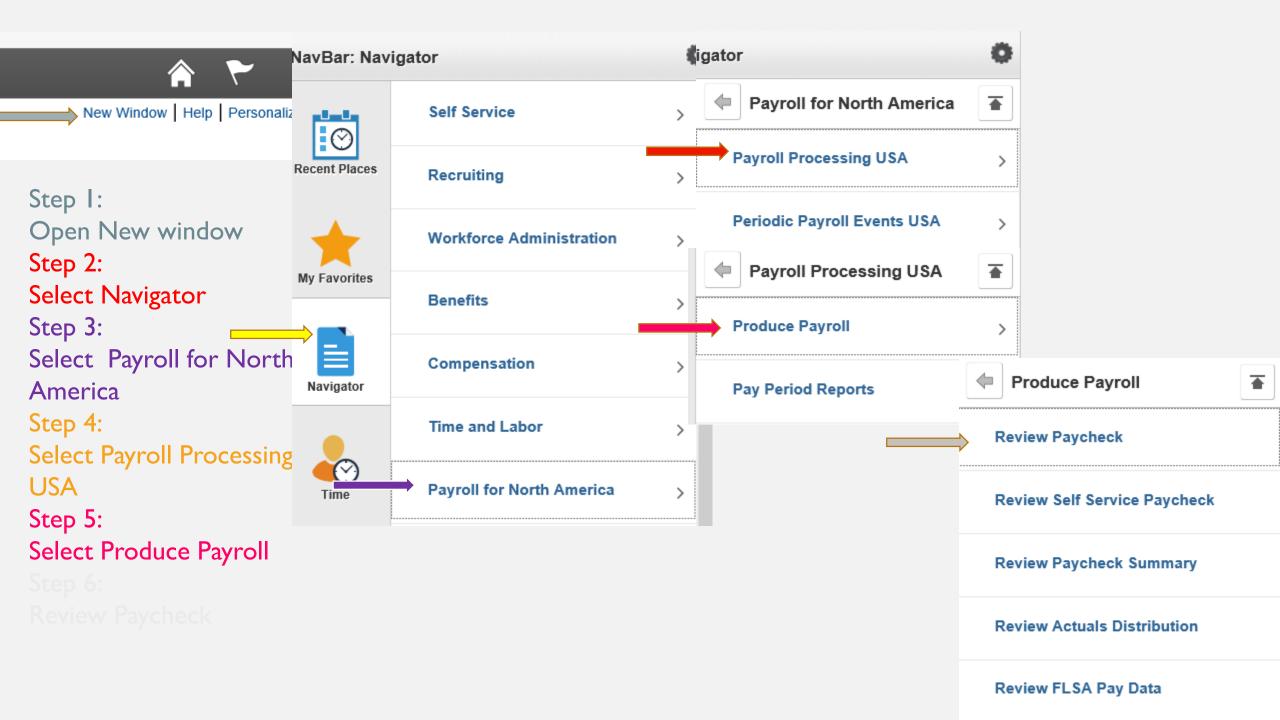
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	Business Uni	t	0		Pay Group	AOC	✓ Check Box 1	OPR	
	Employee N	ame:	Employee 1		<b>Current Date</b>	3/11/2022			
	Employee ID	):	####						
			STATE SHAR	E		Taxable DP			
	PPE	Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference	Mark only if Taxable DP			
	2/18/2022	Basic Life	\$0.00	\$2.04					
>	3/4/2022	Basic Life	\$0.00	\$2.04					
			\$0.00	\$0.00					
			\$0.00	\$0.00					
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			\$0.00	\$0.00	\$0.00				
					Total	Taxable DP			
	Sub Totals		\$0.00	\$2.04					
			\$0.00	\$2.04	-\$2.04				
			\$0.00	\$0.00					
			\$0.00	\$0.00					
			\$0.00	\$0.00					
٦)	Total				-\$4.08				





BCBS - PPO	\$ 519.13	\$ 103.83	\$ 415.30	\$ 155.74	\$ 363.39	\$ 207.65	\$ 311.48
Delta Dental	\$ 34.31 6.07	\$ 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

			FAN	ИIL	Y COVER	AG	E						
			Sal	ary	,		Sal	ary	/		Sal	ary	,
			Less th	an	\$50k		\$50K to :	\$59	9,999K		\$60K ar	nd	Over
	GROSS	Er	mployee		State	Er	mployee		State	Er	mployee		State
	RATE		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

			EMP	,ro,	YEE PLUS	D	OMESTIC	P	ARTNER F	LU	S CHILDR	REN	(FAMIL)	)					
l					Salary						Salary						Salar	У	
1			L	ess	than \$50	0k		0	\$5	ОК	to \$59,99	99K		200		5	660K and	Over	
l	GROSS	E	EE Pre	E	E After		State	ı	EE Pre	E	E After		State		EE Pre	E	E After		State
	RATE		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

				GEN	ER/	AL COVER	RAGI	E						
				Sal Less th	an s		\$	Sal SOK to	\$59,	999K		Sal \$60K ar	ary nd O	ver
	GROSS		Employee 20%			State 80%		Employee 30%		State 70%	Employee 40%			state 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	\$	12

# BASIC LIFE OPR REQUIRED DOCUMENTATION

Each OPR transaction must have supporting documentation

- Employee Benefits Primary Benefit & Basic
   Life Premium Transmittal form
- OPR summary form
- Review Paycheck
- Contribution Schedule
- Email a copy to
   Crystal.Lawrence2@state.nm.us



### STATE-TRANSFERS AND BREAK IN SERVICE

- State Employees:
- Transfer from one State agency to another State agency or covered LPB with no break from employment may transfer their employee benefits coverage without the waiting period.
- Benefits must remain the same and will be effective the first day of employment at the new agency with no break in coverage.
- SPO: New Exception
  - For Temporary employees who transfer to a Full Time position they may retain the same benefits if there is a break of service for 1 day.
    - "<u>Temporary appointment</u>" is the employment of a candidate in a position created for a duration of less than one year.
    - A break in employment of at least one work day or more will require an employee to serve another probationary period upon rehire into the classified service with the exception of those employees returned to work under 1.7.10.10 or 1.7.10.14 NMAC.

## 1095-C DOCUMENTS



1095-Cs were mailed out to employees on February 7, 2022



1095-Cs were e-mailed to agency Human Resources on February 17, 2022

- Due to incorrect home addresses listed in the SHARE system, many forms were returned.
- If employees did not receive their 1095-C in the mail they are advised to reach out to their human resources department to request a copy.
  - Send via secure E-Mail to employee
- Employees who are unable to receive a secured email, or if HR Rep cannot send securely, please have them contact the Employee Benefits Bureau at: <a href="mailto:GSDRMD.EBB@state.nm.us">GSDRMD.EBB@state.nm.us</a> to request their 1095-C form.
  - EBB will send to employee via encrypted delivery.

## 1095-C DOCUMENTS CONT.....

### Addresses

Current Add	dresses		Personalize   Find   View All   🛂	First 1 of	1 D Last
Address Type	As Of Date	Status	Address		
Home	11/28/2020	А	Imperata St. NE #1613 Albuquerque, NM 87111 Bernalillo	View Address Detail	+ -

### VOLUNTARY BENEFITS

New Hire Packets



- Whole Life Insurance
  - Cancer Insurance
- Critical Illness Insurance
  - Accident Insurance
- https://www.mybenefitsnm.com/volben.html









## THANK YOU FOR ATTENDING



### RESOURCES

- GSDRMD.EBB@state.nm.us
- https://www.mybenefitsnm.com/
- https://www.mybenefitsnm.com/volben.html