



## State of New Mexico Employee Benefits New Hire (or Qualifying Event) Benefit Acknowledgement Form

**Enrollment must be completed within the first 31 days of employment (or a Qualifying Event).**  
**Enrollment is online only, at [www.mybenefitsnm.com](http://www.mybenefitsnm.com). Please complete a form even in the event that you intend to waive all offered coverages.**

Enrollment, forms and benefit plan information may be found online at [www.mybenefitsnm.com](http://www.mybenefitsnm.com). For questions regarding your benefits please contact Erisa Administrative Services, Inc. (Erisa), at 505-244-6000 or 1-855-618-1800. If you are adding new dependents (spouse/domestic partner, new born, or children). You must fax required proof of dependency documents to Erisa at 505-244-6009 on the same day that you submit your enrollment (marriage certificate, domestic partner affidavit, birth certificates or hospital proof of birth\*\*). \*\*Actual birth certificates for newborns must be faxed within 90 days of birth. If not received by that time the child will be removed from coverage back to the date of enrollment.

Premium rates, explanation of benefit coverages (EOBC) and a current Benefits Administrative Guide (for details on benefit policies/procedures) can also be found on the website at [www.mybenefitsnm.com](http://www.mybenefitsnm.com).

Below is a list of benefits available to (benefit-eligible) employees:

Medical	Blue Cross Blue Shield of NM (BCBSNM) – PPO Blue Cross Blue Shield of NM (BCBSNM) – HMO Presbyterian – HMO
Prescription/Pharmacy	Express Scripts
Dental	Delta Dental of New Mexico
Vision	Vision Service Plan
Flexible Spending Account	CompuSys/Erisa: <a href="http://www.nmflex.com">www.nmflex.com</a>
Employee Term Life (Basic Life)	Securian/Minnesota Life Insurance Company - Eligible State employees are automatically enrolled in \$50K Basic Life with the State paying 100% of premiums)
Additional Employee (Supplemental) Life Accidental Death & Dismemberment Dependent Life (spouse/DP and/or child)	Securian/Minnesota Life Insurance Company - Employee self-enrollment: <a href="http://www.LifeBenefits.com/plandesign/SONM">www.LifeBenefits.com/plandesign/SONM</a> - New Hires will receive a welcome letter providing the employee with account information. - Employee are responsible for 100% of premiums
Disability Insurance	The State of NM, administered by CompuSys/Erisa
Employee Assistance Plan	The Solutions Group

**IMPORTANT NOTICE:** If, you experience a qualifying event (shown below) and desire changes to benefits, changes must be made online within 31 days of the event. Please contact Erisa Administrative Services, Inc., at 505-244-6000 with any questions. Fax required documentation for those qualifying events to Erisa at 505-244-6009. Required information is also located on the State benefits website: [www.mybenefitsnm.com](http://www.mybenefitsnm.com)

### Qualifying Events (Change of Status)

- Change in job status of spouse/domestic partner resulting in loss of group coverage or gain of other coverage from new employment
- Change in job status of employee (such as reduction of hours due to FMLA, LWOP, and Disability), or Part-time to Full-time, or vice versa
- Marriage or a change in marital status, such as divorce or legal separation, resulting in a loss of coverage. This includes satisfying requirements for Domestic Partnership eligibility
- Death of a member

- Birth of a child, a court approved adoption, placement for adoption, or legal guardianship. *A newborn can be added on to benefits with the hospital proof of birth; however, if the employee does not submit an official birth certificate within 3 months of the date of birth, the baby will be retro-termed and the employee will be responsible to pay all incurred birth/baby-related expenses and claims. The result: because the baby was never covered (due to the retro-term), the baby is NOT eligible for COBRA. At future Open/Switch Enrollments, the baby can be added if an official birth certificate is provided*
- Any other circumstance where the individual had other coverage and loses it due to circumstances beyond their control *must be evaluated by RMD for eligibility*

**NOTE:** Loss of a provider or provider group is *not* a qualifying event to change carriers

I acknowledge that it is my responsibility to complete and submit the on-line enrollment form and required proof of dependency documentation within 31 days of employment. If there are any concerns I am to contact Erisa Administrative Services, Inc. at 505-244-6000.

I acknowledge that it is my responsibility to review my bi-weekly pay advice to ensure the appropriate deductions are being deducted. If there are any concerns I am to contact Erisa Administrative Services, Inc. at 505-244-6000.

**By signing this form you acknowledge that you have read this document in its entirety**

\_\_\_\_\_  
**Employee Name/Employee ID (Print)**  
*Please keep a copy of this form for your records*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**HR Representative Signature**  
*Please file the original in the employee's personnel file*  
*Please forward a copy of this form to Erisa (SONM@easitpa.com)*