

WELCOME

JANUARY 2022 HR MEETING







PREMIUM ONLY PLAN-"POP"

THE SONM PREMIUM ONLY PLAN (POP) ALLOWS AN EMPLOYEE TO HAVE THEIR SHARE OF THE CONTRIBUTION ON THE COST OF MEDICAL, DENTAL AND/OR VISION COVERAGE(S) DEDUCTED FROM THEIR GROSS PAY BEFORE TAXES ARE CALCULATED, WHICH INCREASES THE EMPLOYEES' NET PAY.

IN ESSENCE, STAYING IN POP THE EMPLOYEE PAYS LESS TAX, HOWEVER, THEY ARE SUBJECT TO ADHERE TO THE CAFETERIA PLAN SECTION 125.

ALL STATE EMPLOYEES ARE AUTOMATICALLY ENROLLED IN POP

NOTE: AN EMPLOYEE CANNOT CHOOSE SPECIFIC PREMIUMS TO BE PRE OR POST-TAX

PREMIUM ONLY PLAN-"POP" CONT...

PURPOSE OF "POP" WAIVER FORM

USE THIS FORM ONLY WHEN EMPLOYEE DESIRES TO WAIVE "POP"

TO HAVE THE MEDICAL, DENTAL AND VISION PREMIUMS TAKEN

AFTER-TAX.

MUST BE COMPLETED

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- FAXED OR E-MAILED TO ERISA AND REINA ESPINOZA- EMPLOYEE BENEFITS BUREAU WITHIN 31 DAYS OF HIRE AND ANNUALLY THEREAFTER DURING ANNUAL ENROLLMENT.
 - FAX 505-244-6009
 - E-MAIL <u>SONM@EASITPA.COM</u>

REINA.ESPINOZA@STATE.NM.US

FORM-EBB WEBSITE

- STATE
- HTTPS://WWW.MYBENEFITSNM.COM/STATEAGENCYEMPLOYEE.HTML4

LPB

HTTPS://WWW.MYBENEFITSNM.COM/EMPLOYEEPORTAL.HTM

MICHELLE LUJAN GRISHAM GOVERNOR

DUFFY RODRIGUEZ ACTING CABINET SECRETARY

RANDALL CHERRY ACTING DIRECTOR RISK MANAGEMENT State of New Mexico General Services Department

(503) 827-0472 Resk Management Division (503) 827-2036 State Protyg & Graffic Services Burbau (503) 475-1540 Transformation Services Division

ADMINISTRATIVE SERVICES DIVISION (505) 476-1857

FACILITIES MANAGEMENT DIVISION (505) 827-2141

PERCENSION DIVISION

(505) 827-1958

LPB EMPLOYEE PREMIUM ONLY PLAN (POP) NOTICE OF WAIVER

NOTICE OF WAIVER JANUARY 1- DECEMBER 31, 2022

I. , wish to "waive" participation in the Premium Only Plan (POP) for the benefits plan year of January 1 through December 31, 2022. I understand by signing this waiver my benefits will be deducted from my pay as an after-tax deduction. If in the understand that my enrollment to this program will be up for renewal on January 1, 2023.

Employee Name (print)

Agency Name and Number

Employee Signature

Fax to: Deadline: Late submission of the POP Waiver will not be granted

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

Date

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

PHYSICAL ADDRESS: JOSEPH MONTOYA BUILDING, 1100 ST. FRANCIS, SANTA FE, NM 87505 MAILING ADDRESS: PO Box 6850, SANTA FE, New MEXICO 87502-6850

1095-C

- DISTRIBUTION TO EMPLOYEES

- = EXTENDED TO MARCH 2, 2022 BY THE IRS
- = 1095-C DOCUMENTS AND HR ELECTRONIC FILES
 - FEBRUARY 2022
 - SAME USER NAME AND PASSWORD AS YOUR E-MAIL ADDRESS

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- HTTPS://KITEWORKS.DOIT.STATE.NM.US/
 - EXPIRES: 2 WEEKS FROM THE DATE YOU RECEIVED IT



SONM Benefits Employee Orientation





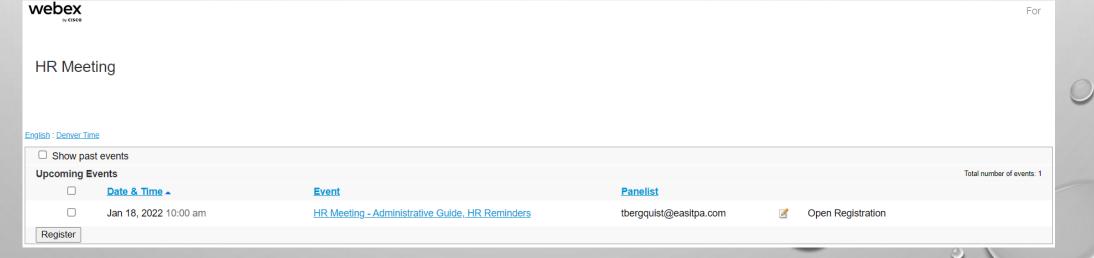


https://www.mybenefitsnm.com/employeePortal.html

STATE OF NEW MEXICO EMPLOYEE BENEFITS BUREAU

NEW LINK TO HR MEETINGS







THANK YOU FOR ATTENDING

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- ERISA ADMINISTRATIVE SERVICES E-MAIL: <u>SONM@EASITPA.COM</u>
- POP WAIVER FORM (STATE): <u>HTTPS://WWW.MYBENEFITSNM.COM/STATEAGENCYEMPLOYEE.HTML4</u>
- POP WAIVER FORM (LPB): <u>HTTPS://WWW.MYBENEFITSNM.COM/EMPLOYEEPORTAL.HTML</u>
- NEW HIRE & QUALIFYING EVENT ORIENTATION: <u>HTTPS://WWW.MYBENEFITSNM.COM/EMPLOYEEPORTAL.HTML</u>
- LINK TO HR MEETINGS: <u>HTTPS://WWW.MYBENEFITSNM.COM/</u>