

SUSANA MARTINEZ
GOVERNOR

ED BURCKLE
CABINET SECRETARY

LARA WHITE-DAVIS
DIRECTOR- RISK MANAGEMENT



State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
(505) 827-2000

FACILITIES MANAGEMENT DIVISION
(505) 827-2141

STATE PURCHASING DIVISION
(505) 827-0472

RISK MANAGEMENT DIVISION
(505) 827-2036

STATE PRINTING & GRAPHIC DESIGN SERVICES
(505) 476-1950

TRANSPORTATION SERVICES DIVISION
(505) 827-1958

PREMIUM ONLY PLAN (POP)
NOTICE OF WAIVER
JANUARY 1 – DECEMBER 31, 2017

I, _____, wish to “waive” participation in the Premium Only Plan (POP) for the benefits plan year of January 1 through December 31, 2017. I understand that by signing this “waiver” my portion of benefit premiums for medical, dental, and vision will be deducted from my pay as an after-tax deduction.

I further understand that my enrollment to this program will be up for renewal on January 1, 2018.

Employee Name (print)

Agency Name or Number

Employee Signature

Date