

MICHELLE LUJAN GRISHAM
GOVERNOR

DUFFY RODRIGUEZ
ACTING CABINET SECRETARY

RANDALL CHERRY
ACTING DIRECTOR
RISK MANAGEMENT



State of New Mexico
General Services Department

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

**LPB EMPLOYEE
PREMIUM ONLY PLAN (POP)
NOTICE OF WAIVER
JANUARY 1- DECEMBER 31, 2021**

I, _____, wish to “waive” participation in the Premium Only Plan (POP) for the benefits plan year of January 1 through December 31, 2021. I understand by signing this waiver my benefits 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, 2022.

Employee Name (print)

Agency Name and Number

Employee Signature

Date

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  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

PHYSICAL ADDRESS: JOSEPH MONTOYA BUILDING, 1100 ST. FRANCIS, SANTA FE, NM 87505

MAILING ADDRESS: PO Box 6850, SANTA FE, NEW MEXICO 87502-6850