

**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

**State of New Mexico Employees**  
**PREMIUM ONLY PLAN (POP)**  
**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. I further 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**

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

**Submit to Erisa Administrative Services:**

**E-Mail:** [sonm@easitpa.com](mailto:sonm@easitpa.com) and [Reina.Espinoza@state.nm.us](mailto:Reina.Espinoza@state.nm.us)

**Fax:** 505-244-6009 and submit to [Reina.Espinoza@state.nm.us](mailto:Reina.Espinoza@state.nm.us)

**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 S. ST. FRANCIS DR. SANTA FE, NM 87505

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