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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, 2023**

I, _____, wish to “waive” participation in the Premium Only Plan (POP) for the benefits plan year of January 1 through December 31, 2023. 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, 2024.

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