New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

CCMSI

NMPSIA Wellness

POMS

WELCOME!

NMPSIA 2023 Regional Training

New Mexico Public Schools Insurance Authority

EASI
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NMPSIA Benefits Enrollment

Erisa Administrative Services Inc. (EASI)

NMPSIA Employee Benefits Administration

Erisa Administrative Services, Inc

PO Box 9054
Santa Fe NM 87504-9054
Santa Fe: (505) 988-4974 Toll Free: (800) 233-3164
Email: sf@easitpa.com
Kathy Payanes: kpayanes@easitpa.com

Contact us for assistance with:

NMPSIA rules of enrollment and administrative practices, enrollment, eligibility, premium billing, premium collection and employer & employee online system.

New Mexico Public Schools Insurance Authority

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Erisa Administrative Services, Inc.

Struggles with Benefits Enrollment

Kathy Payanes, Erisa

What's wrong with this?

New Mexico Public Schools Insurance Authority

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Erisa Administrative Services, Inc.

Example 1

New Mexico Public Schools Insurance Authority
EMPLOYEE ENROLLMENT APPLICATION

1 Social Security Number | Name (Last, First, Middle) | Date of Birth
Mailing Address | City | State | Zip Code | Home Phone Number
Marital Status | Gender | E-Mail Address Required | Work Phone Number | Cell Phone Number

2 ENROLLMENT STATUS

3 ENROLLMENT Elect your coverage offered by your employer

BASIC LIFE

MEDICAL

VISION

LONG TERM DISABILITY The Standard

ADDITIONAL LIFE The Standard

4 DEPENDENT INFORMATION Indicate an A (add) or NA (not applicable) for all names listed below

Social Security Number REQUIRED	Date of Birth	Relationship to You	Proof of Marriage or Birth Certificate Attached
			Yes No
			Yes No
			Yes No
			Yes No

5 EMPLOYEE AUTHORIZATION STATEMENT

EMPLOYEE SIGNATURE DATE

RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR DATE OF HIRE

6 EMPLOYER CERTIFICATION

Date of Hire	Base Annual Salary	# of hours worked per week	Job Title	Check only if variable hour employee	If variable hour employee became eligible for medical only coverage	Date Received in Your Office
	$					

BENEFITS SPECIALIST SIGNATURE

Revised March 2022

New Mexico Public Schools Insurance Authority

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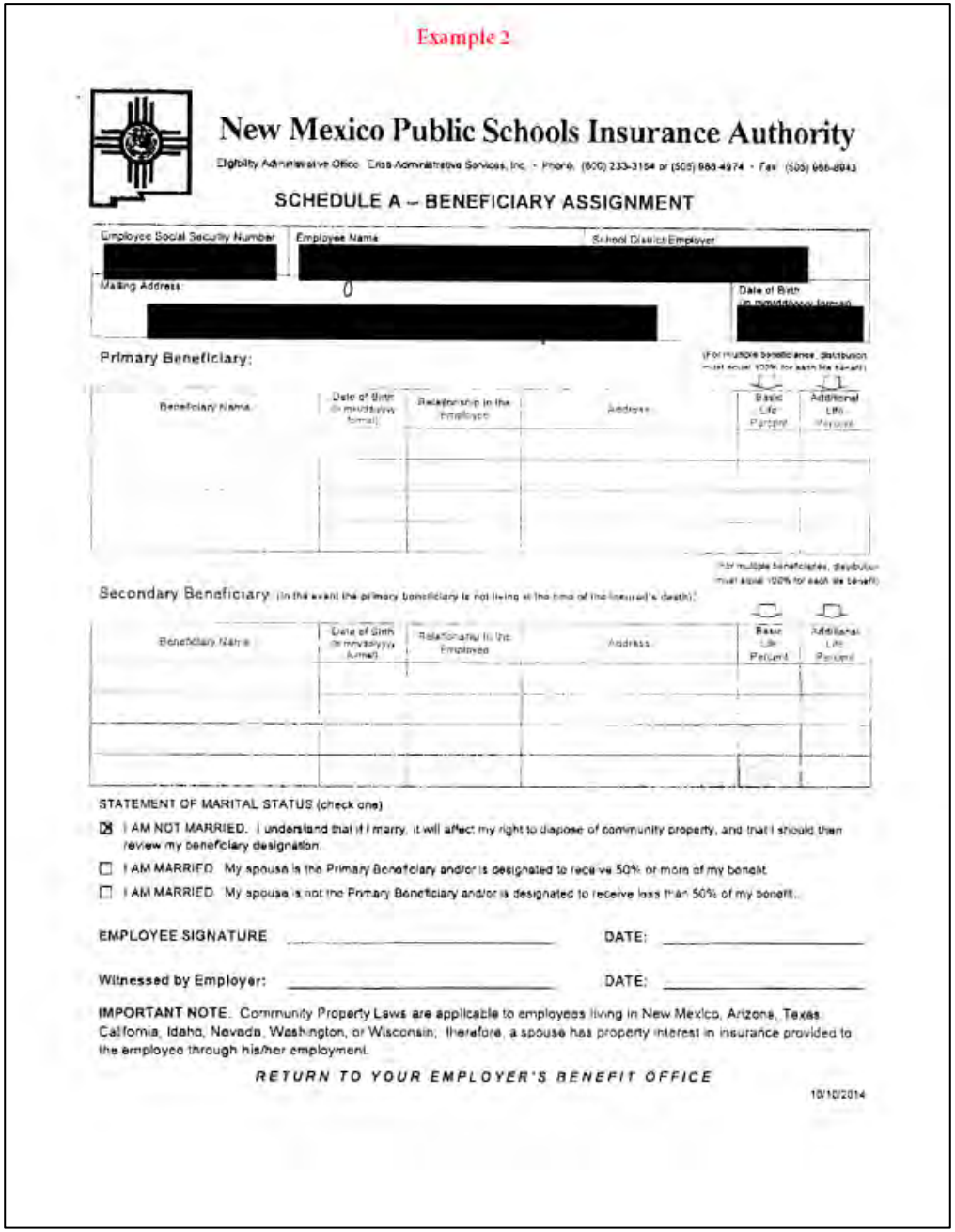
Example 2



New Mexico Public Schools Insurance Authority

Eligibility Administrative Office: Erisa Administrative Services, Inc. • Phone: (800) 233-3154 or (505) 883-4974 • Fax: (505) 666-8943

SCHEDULE A – BENEFICIARY ASSIGNMENT

Employee Social Security Number	Employee Name	School District/Employer
[redacted]	[redacted]	

Mailing Address: [redacted]

Date of Birth (mm/dd/yyyy format): [redacted]

Primary Beneficiary:

(For multiple beneficiaries, distribution must equal 100% for each life benefit)

Beneficiary Name	Date of Birth (mm/dd/yyyy format)	Relationship to the Employee	Address	Basic Life Percent	Additional Life Percent

(For multiple beneficiaries, distribution must equal 100% for each life benefit)

Secondary Beneficiary (in the event the primary beneficiary is not living at the time of the insured's death):

Beneficiary Name	Date of Birth (mm/dd/yyyy format)	Relationship to the Employee	Address	Basic Life Percent	Additional Life Percent

STATEMENT OF MARITAL STATUS (check one)

☒ I AM NOT MARRIED. I understand that if I marry, it will affect my right to dispose of community property, and that I should then review my beneficiary designation.

☐ I AM MARRIED. My spouse is the Primary Beneficiary and/or is designated to receive 50% or more of my benefit.

☐ I AM MARRIED. My spouse is not the Primary Beneficiary and/or is designated to receive less than 50% of my benefit.

EMPLOYEE SIGNATURE _____ DATE: _____

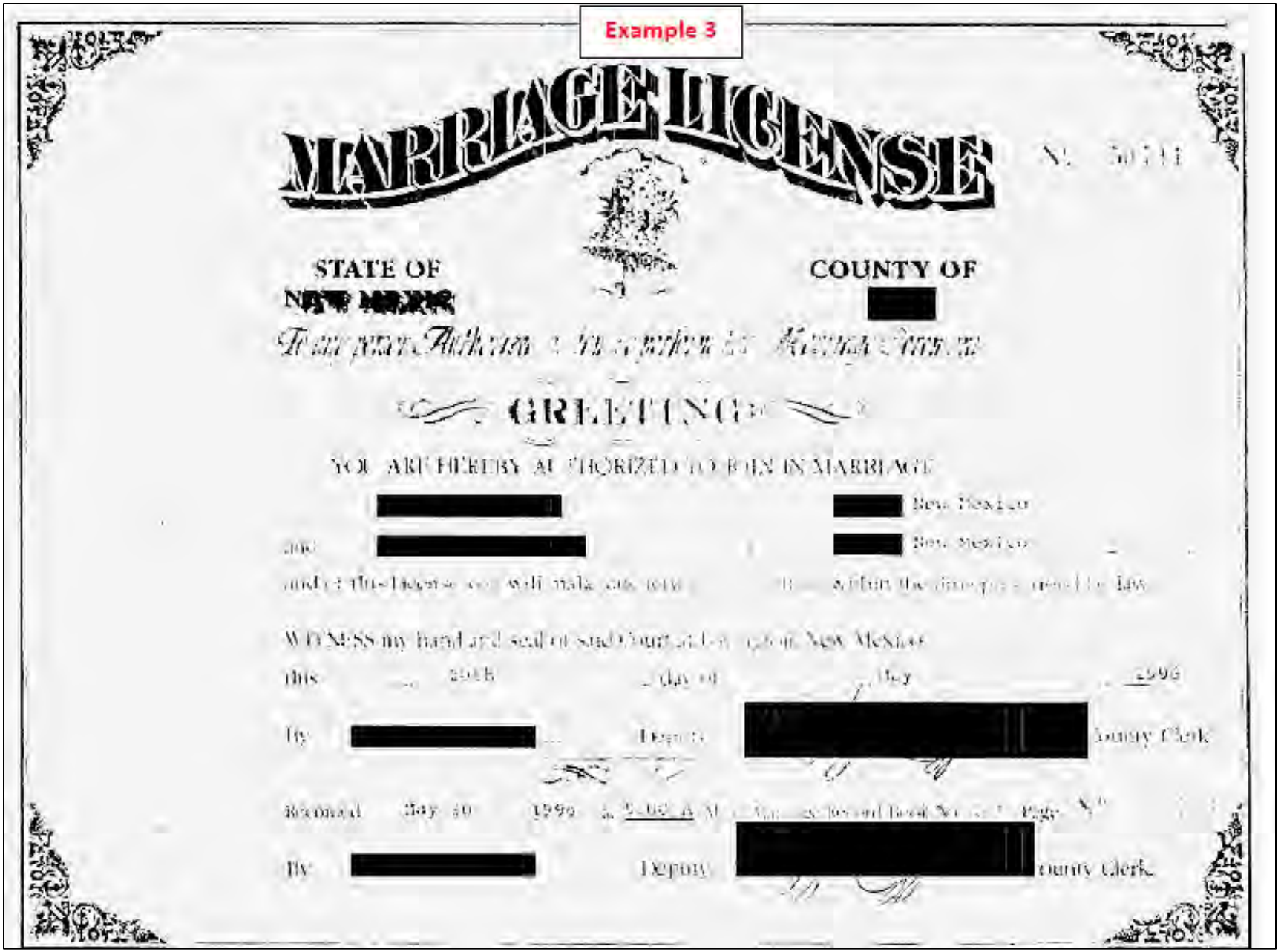
Witnessed by Employer: _____ DATE: _____

IMPORTANT NOTE: Community Property Laws are applicable to employees living in New Mexico, Arizona, Texas, California, Idaho, Nevada, Washington, or Wisconsin; therefore, a spouse has property interest in insurance provided to the employee through his/her employment.

RETURN TO YOUR EMPLOYER'S BENEFIT OFFICE

10/10/2014

Example 3



MARRIAGE LICENSE

STATE OF [redacted]

COUNTY OF [redacted]

GREETING:

YOU ARE HEREBY AUTHORIZED TO JOIN IN MARRIAGE

[redacted] New Mexico

and [redacted] New Mexico

WITNESS my hand and seal of said Court at [redacted] New Mexico

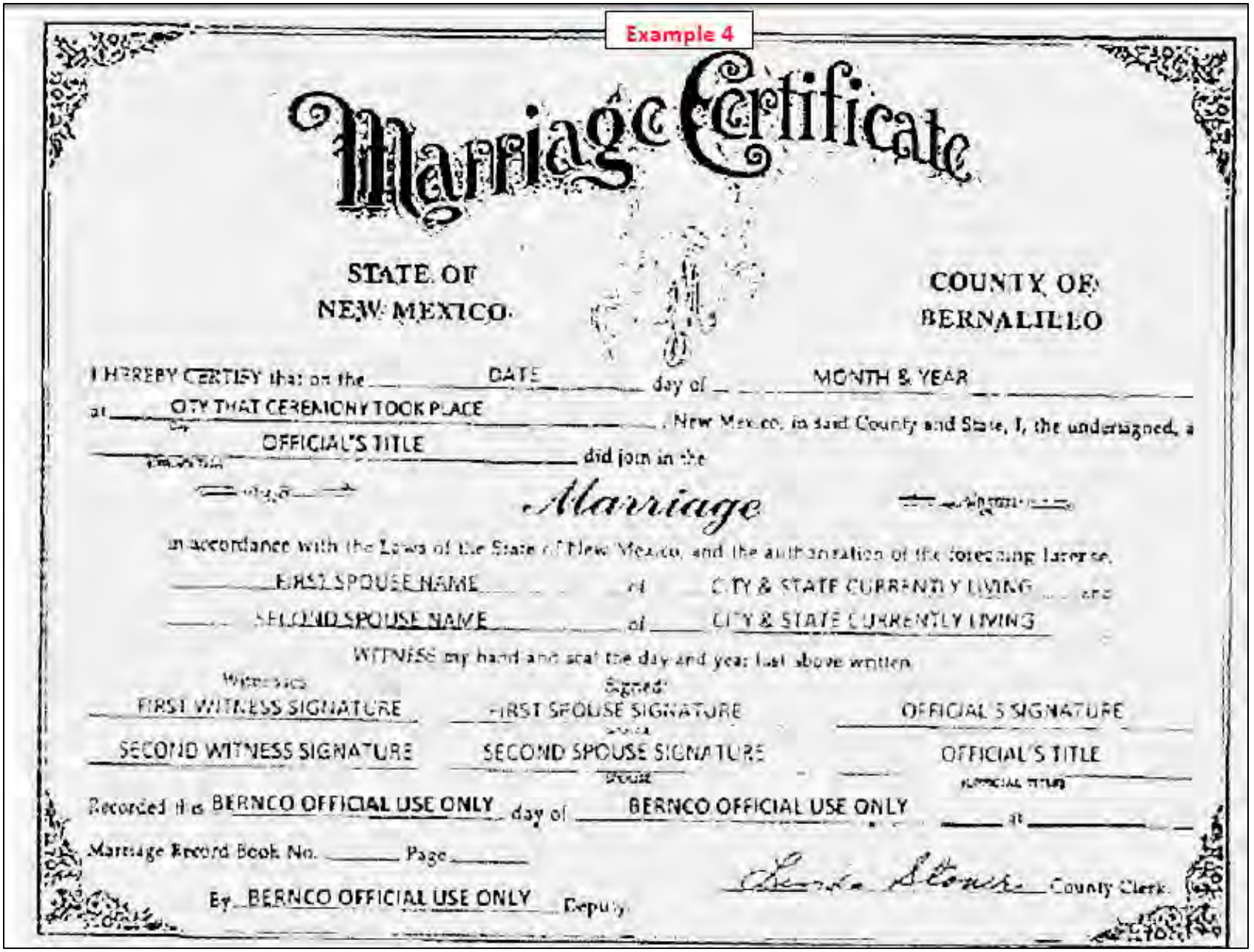
this [redacted] day of [redacted] 1996

By [redacted] Deputy [redacted] County Clerk

Recorded day of 1996 at 2:06 P.M. [redacted] Page [redacted]

By [redacted] Deputy [redacted] County Clerk

Example 4



Marriage Certificate

STATE OF NEW MEXICO

COUNTY OF BERNALILLO

I HEREBY CERTIFY that on the DATE day of MONTH & YEAR

at CITY THAT CEREMONY TOOK PLACE, New Mexico, in said County and State, I, the undersigned, a

OFFICIAL'S TITLE did join in the

Marriage

in accordance with the Laws of the State of New Mexico, and the authorization of the foregoing license.

FIRST SPOUSE NAME of CITY & STATE CURRENTLY LIVING and

SECOND SPOUSE NAME of CITY & STATE CURRENTLY LIVING

WITNESS my hand and seal the day and year last above written.

Witnesses: FIRST WITNESS SIGNATURE

SECOND WITNESS SIGNATURE

Signed: FIRST SPOUSE SIGNATURE

SECOND SPOUSE SIGNATURE

OFFICIAL'S SIGNATURE

OFFICIAL'S TITLE

Recorded this BERNCO OFFICIAL USE ONLY day of BERNCO OFFICIAL USE ONLY at

Marriage Record Book No. Page

By BERNCO OFFICIAL USE ONLY Deputy

County Clerk

New Mexico Public Schools Insurance Authority

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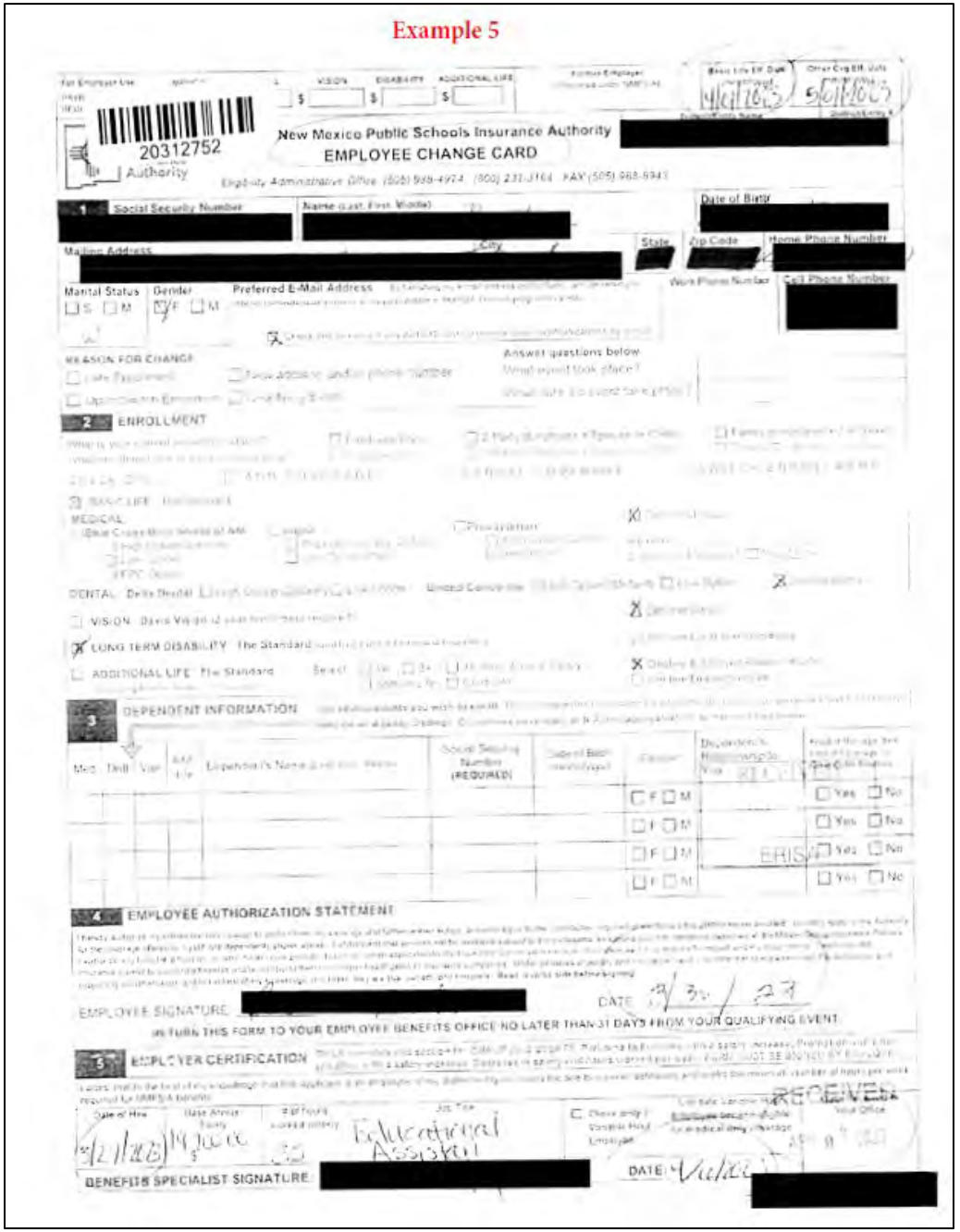
Example 5



New Mexico Public Schools Insurance Authority

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Example 6

New Mexico Public Schools Insurance Authority
1.1.2021 EMPLOYEE ENROLLMENT APPLICATION
Eligibility Administrative Office (505) 988-4974 (800) 233-3164 FAX (505) 988-8943

Employer Use/ PAYROLL DEDUCTIONS	MEDICAL	DENTAL	VISION	DISABILITY	ADDITIONAL LIFE	Former Employer (If covered under NMPSIA)	Basic Life ER Date (mm/dd/yyyy)	Other Cvrg ER Date (mm/dd/yyyy)
	$	$	$	$	$		07/01/2023	07/01/2023

District/Entity Name: [redacted] District/Entity #: [redacted]

1 Social Security Number: [redacted] Name (Last, First, Middle): [redacted] Date of Birth (mm/dd/yyyy): [redacted]

Mailing Address: [redacted] City: [redacted] State: [redacted] Zip Code: [redacted] Home Phone Number: [redacted]

Marital Status: ☒ S ☐ M Gender: ☒ F ☐ M Preferred E-Mail Address: By furnishing my email address on this form, I am consenting to receive communications related to my participation in NMPSIA's benefit program by e-mail. ☐ Check this box if you do not wish to receive plan communications by e-mail. Work Phone Number: [redacted] Cell Phone Number: [redacted]

2 ENROLLMENT STATUS ☒ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)

3 ENROLLMENT Elect your coverage offered by your employer

☒ BASIC LIFE: The Standard (Paid in full by employer. Complete Schedule A Beneficiary Form)

MEDICAL
☒ Blue Cross Blue Shield of NM ☐ Cigna ☐ Presbyterian ☐ Declined Medical/ Reason for declining coverage
☒ High Option Plan (Default) ☐ High Option Plan (Default) ☐ High Option Plan (Default)
☐ Low Option Plan ☐ Low Option Plan ☐ Low Option Plan
☐ EPO Option Plan
Are you eligible for Medicaid? ☐ Yes ☒ No

DENTAL: ☐ Davis Dental ☐ United Concordia
☒ High Option Plan (Default) ☐ Low Option Plan ☐ High Option Plan (Default) ☐ Low Option Plan ☐ Decline Dental

☒ VISION: Davis Vision (2 year enrollment required) ☐ Decline Vision

☐ LONG TERM DISABILITY: The Standard ☒ Decline Long Term Disability

☐ ADDITIONAL LIFE The Standard Select: ☐ 1X ☐ 2X ☐ 3X Base Annual Salary ☒ Decline Employee Additional Life
(Complete Schedule A Beneficiary Form) ☐ Spouse Life ☐ Child Life ☐ Decline Dependent Life

4 DEPENDENT INFORMATION List all dependents you wish to enroll. Indicate an A (add) or N/A (not applicable) for all names listed below.
Please provide requested information for additional dependents on separate sheet if necessary.

Med	Dent	Vis	Add'l Life	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth (mm/dd/yyyy)	Gender	Dependent's Relationship to You	Proof of Marriage, Birth, or Court Order Attached
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No

5 EMPLOYEE AUTHORIZATION STATEMENT

I hereby authorize my school district/employer to deduct from my earnings until further written notice, amounts equal to (if a contribution required of me toward the plan[s] herein enrolled). I hereby apply for the coverage offered to myself and dependents shown above. I understand that services will be available subject to the exclusions, limitations and the conditions described in the Master Group Insurance Policies. I authorize any hospital, physician, or other health care provider to furnish (when applicable) to the Insurance Carrier such medical information as it may require for myself and my dependents. I authorize the Insurance Carrier to coordinate benefits and/or remove members with other health plans or insurance companies. Under penalties of perjury and Insurance Fraud, I declare that I have examined this application and supporting documentation, and to the best of my knowledge and belief, they are true, correct, and complete. Read carefully before signing.

EMPLOYEE SIGNATURE: [redacted] DATE 5/17/2023

RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR DATE OF HIRE

6 EMPLOYER CERTIFICATION ALL INFORMATION IN THIS SECTION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE THIS SECTION THOROUGHLY. FORM MUST BE SIGNED BY EMPLOYER.

I affirm that to the best of my knowledge that this applicant is an employee of my district/entity (as stated the employer benefit definition) and works the minimum number of hours per week required for NMPSIA benefits.

Date of Hire	Base Annual Salary	# of hours worked weekly	Job Title	☐ Check only if Variable Hour Employee	Last date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office
3/28/23	$34,408	40	Recruiter			MAY 18 2023

BENEFITS SPECIALIST SIGNATURE: [redacted] DATE 05/10/2023

Revised September 2020

New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

Example 7

For Employer Use: PAYROLL DEDUCTIONS — MEDICAL $ — DENTAL $ — VISION $ — DISABILITY $ — ADDITIONAL LIFE $ — Former Employer (Covered under NMPSIA) — Basic Life Eff. Date (mm/dd/yyyy) — Other Cvg Eff. Date (mm/dd/yyyy)

District/Entity Name — District/Entity #

New Mexico Public Schools Insurance Authority

New Mexico Public Schools Insurance Authority
EMPLOYEE CHANGE CARD

Eligibility Administrative Office (505) 388 4974 (800) 233-3164 FAX (505) 986-8943

1 Social Security Number [redacted] — Name (Last, First, Middle) [redacted] — Date of Birth [redacted]

Mailing Address [redacted] — City [redacted] — State [redacted] — Zip Code [redacted] — Home Phone Number [redacted]

Marital Status ☒ S ☐ M — Gender ☐ F ☒ M — E-Mail Address Required [redacted] — Work Phone Number [redacted] — Cell Phone Number [redacted]

REASON FOR CHANGE
☐ Late Enrollment ☐ New address and/or phone number
☐ Open/Switch Enrollment ■ Qualifying Event

Answer questions below
What event took place? Divorce
What date did event take place? 05/09/2023

2 ENROLLMENT

What is your current enrollment status? ☒ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)
What enrollment status are you requesting? ☐ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)

Check One ☐ ADD COVERAGE ☐ CANCEL COVERAGE ☐ SWITCH ENROLLMENT

MEDICAL
☐ Blue Cross Blue Shield of NM ☐ High Option (Default) ☐ Low Option ☐ EPO Option
☐ Cigna ☐ High Option Plan (Default) ☐ Low Option Plan
☐ Presbyterian ☐ High Option (Default) ☐ Low Option
■ Decline Medical — Reason: Tricare — Eligible for Medicaid? ☐ Yes ☐ No

DENTAL Delta Dental: ☐ High Option (Default) ☐ Low Option — United Concordia: ☒ High Option (Default) ☐ Low Option — ☐ Decline Dental

☐ VISION Davis Vision — ☐ Decline Vision

☐ LONG TERM DISABILITY The Standard — ☐ Decline Long Term Disability

☐ ADDITIONAL LIFE The Standard — Select: ☐ 1X ☐ 2X ☐ 3X Base Annual Salary ☐ Spouse Life ☐ Child Life — ☐ Decline Employee Additional Life ☐ Decline Dependent Life

3 DEPENDENT INFORMATION List all dependents you wish to enroll. Provide requested information for additional dependents on separate sheet if necessary. Indicate an A (add), D (drop), C (continue coverage), or N/A (not applicable) for all names listed below

Med	Dntl	Visn	Add'l Life	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth (mm/dd/yyyy)	Gender	Dependent's Relationship to You	Proof of Marriage, Birth, Loss of Coverage, or Court Order Attached
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No

4 EMPLOYEE AUTHORIZATION STATEMENT

[illegible]

EMPLOYEE SIGNATURE [redacted] DATE 05/09/2023

RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR QUALIFYING EVENT

5 EMPLOYER CERTIFICATION ALL INFORMATION IN THIS SECTION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE THIS SECTION THOROUGHLY. FORM MUST BE SIGNED BY EMPLOYER.

I attest that to the best of my knowledge that this applicant is an employee of my district/entity [illegible] required for NMPSIA benefits.

Date of Hire	Base Annual Salary	# of hours worked weekly	Job Title	☐ Check only if Variable Hour Employee	Last date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office
	$					

BENEFITS SPECIALIST SIGNATURE: **DATE:**

Revised March 2022

New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

Example 8

For Employer Use: MEDICAL | DENTAL | VISION $ | DISABILITY $ | ADDITIONAL LIFE $

Basic Life Eff. Date: 2-1-23

[redacted] [redacted]

20312853

New Mexico Public Schools Insurance Authority
EMPLOYEE ENROLLMENT APPLICATION
Eligibility Administrative Office (505) 988-4974 (800) 233-3164 FAX (505) 988-8043

1 Social Security Number [redacted] Name (Last, First, Middle) [redacted] Date of Birth (mm/dd/yyyy) [redacted]

Mailing Address [redacted] [redacted] State [redacted] Zip Code [redacted] Home Phone Number

Marital Status ☐ S ☒ M Gender ☐ F ☒ M E-Mail Address Required [redacted] Work Phone Number [redacted]

2 ENROLLMENT STATUS ☒ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)

3 ENROLLMENT Elect your coverage offered by your employer

☒ BASIC LIFE: The Standard (Paid in full by employer. Complete Schedule A Beneficiary Form)

MEDICAL ☐ ☐ High Option Plan ☐ Low Option Plan ☐ EPO Option Plan

DENTAL ☐ ☐ High Option Plan ☐ Low Option Plan

☐ VISION: Davis Vision

☐ LONG TERM DISABILITY: The Standard

☐ ADDITIONAL LIFE: The Standard (Complete Schedule A Beneficiary Form)

4 DEPENDENT INFORMATION

Add	Term	Waive	Add'l Life	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth (mm/dd/yyyy)	Gender	Relationship to You	Proof of Marriage, Birth, or Court Order Attached
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No

5 EMPLOYEE AUTHORIZATION STATEMENT

EMPLOYEE SIGNATURE ______ DATE ______

RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR DATE OF HIRE

6 EMPLOYER CERTIFICATION

Date of Hire	Base Annual Salary	# of hours worked weekly	Job Title	☐ Check only if Variable Hour Employee	List date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office
1-9-23	$28,914	40	Maintenance			

BENEFITS SPECIALIST SIGNATURE [redacted] DATE 5/15/23

Revised March 2022

New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

Example 9

20312859

Public Schools Insurance Authority

New Mexico Public Schools Insurance Authority [redacted]

EMPLOYEE ENROLLMENT APPLICATION

[redacted]

1 Social Security Number [redacted] Name (Last, First, Middle) [redacted] Date of Birth (mm/dd/yyyy) [redacted]

Mailing Address [redacted] City [redacted] State [redacted] Zip Code [redacted] Home Phone Number

Marital Status ☐ S ☒ M | Gender ☒ F ☐ M | E-Mail Address Required [redacted] | Work Phone Number | Cell Phone Number [redacted]

2 ENROLLMENT STATUS ☒ Employee Only ☐ 2 Party (Employee + Spouse or Child) ☐ Family (Employee +2 or more)

3 ENROLLMENT Elect your coverage offered by your employer

☒ BASIC LIFE

MEDICAL

DENTAL

☐ VISION

☐ LONG TERM DISABILITY

☐ ADDITIONAL LIFE

4 DEPENDENT INFORMATION

☐ F ☐ M		☐ Yes ☐ No
☐ F ☐ M		☐ Yes ☐ No
☐ F ☐ M		☐ Yes ☐ No
☐ F ☐ M		☐ Yes ☐ No

5 EMPLOYEE AUTHORIZATION STATEMENT

EMPLOYEE SIGNATURE ____________ DATE ____________

RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR DATE OF HIRE

6 EMPLOYER CERTIFICATION

Date of Hire	Base Annual Salary	# of Hours Worked Weekly	Job Title			Date Received in Your Office
8/8/22	$23,855	33.75	Bus Driver			

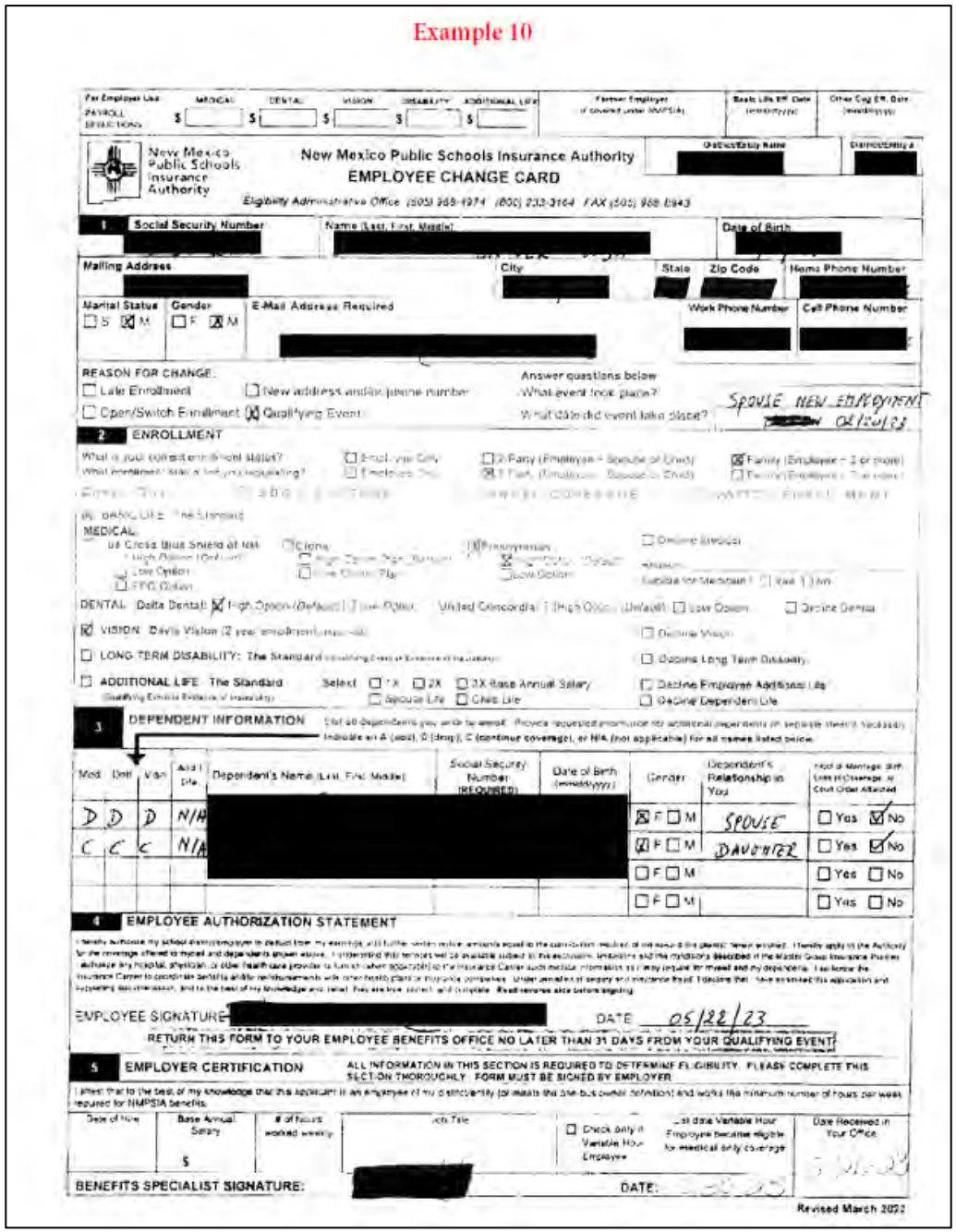
BENEFITS SPECIALIST SIGNATURE [redacted] DATE 5/3/23

Revised March 2022

New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

Example 10



New Mexico Public Schools Insurance Authority
EMPLOYEE CHANGE CARD

Eligibility Administrative Office (505) 989-1974 (800) 233-3164 FAX (505) 988 0943

1 Social Security Number | Name (Last, First, Middle) | Date of Birth

Mailing Address | City | State | Zip Code | Home Phone Number

Marital Status ☐ S ☒ M | Gender ☐ F ☒ M | E-Mail Address Required | Work Phone Number | Cell Phone Number

REASON FOR CHANGE:
☐ Late Enrollment ☐ New address and/or phone number
☐ Open/Switch Enrollment ☒ Qualifying Event

Answer questions below
What event took place? SPOUSE NEW EMPLOYMENT
What date did event take place? 04/20/23

2 ENROLLMENT

MEDICAL
DENTAL: Delta Dental: ☒ High Option (Default) ☐ Low Option | United Concordia: ☐ High Option (Default) ☐ Low Option ☐ Decline Dental
☒ VISION: Davis Vision ☐ Decline Vision
☐ LONG TERM DISABILITY: The Standard ☐ Decline Long Term Disability
☐ ADDITIONAL LIFE: The Standard Select ☐ 1X ☐ 2X ☐ 3X Base Annual Salary ☐ Decline Employee Additional Life
☐ Spouse Life ☐ Child Life ☐ Decline Dependent Life

3 DEPENDENT INFORMATION

Med	Dent	Vis	Add'l Life	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth	Gender	Dependent's Relationship to You	Proof of Marriage Birth Date(s) Coverage or Court Order Attached
D	D	D	N/A				☒ F ☐ M	SPOUSE	☐ Yes ☒ No
C	C	C	N/A				☒ F ☐ M	DAUGHTER	☐ Yes ☒ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No

4 EMPLOYEE AUTHORIZATION STATEMENT

EMPLOYEE SIGNATURE: | DATE 05/22/23

RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR QUALIFYING EVENT

5 EMPLOYER CERTIFICATION — ALL INFORMATION IN THIS SECTION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE THIS SECTION THOROUGHLY. FORM MUST BE SIGNED BY EMPLOYER

I attest that to the best of my knowledge that this applicant is an employee of my district/entity (or meets the Sole Business Owner definition) and works the minimum number of hours per week required for NMPSIA benefits.

Date of Hire	Base Annual Salary	# of Hours worked weekly	Job Title	☐ Check only if Variable Hour Employee	Last date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office
	$					

BENEFITS SPECIALIST SIGNATURE: | DATE:

Revised March 2022

Example 11

ConocoPhillips (c/o Businessolver, Inc.)
P.O. Box 770
Monroe, WI 53566-0770
DO NOT MAIL CORRESPONDENCE OR PAYMENTS TO THIS ADDRESS

ConocoPhillips

Kelli Hammond and Family
2502 S Haldeman
Artesia, NM 88210

Notice Date: April 27, 2023

Prepared For: Kelli Hammond and Family

Mail check(s) and correspondence to this address only:

ConocoPhillips (c/o Businessolver, Inc.)
PO BOX 850512
MINNEAPOLIS, MN 55485-0512

If you have any questions regarding your benefits or this notice, please login to mybenefits.conocophillips.com.

COBRA Continuation Coverage & Other Health Coverage Alternatives

You're getting this notice because you recently lost coverage under ConocoPhillips group health plan ("the Plan"). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. Please read the information in this notice very carefully before you make your decision.

This notice has important information about your right to continue your health care coverage under the Plan, as well as other health coverage options that may be available to you including coverage through the Health Insurance Marketplace. To sign up for Marketplace coverage, visit **www.HealthCare.gov** or call 1-800-318-2596 (TTY: 1-855-889-4325). **You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.** People in most states use **www.HealthCare.gov** to apply for and enroll in health coverage; if your state has its own Marketplace platform, you can find contact information here: **www.HealthCare.gov/marketplace-in-your-state/**.

Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should enroll online at **mybenefits.conocophillips.com** or use the Election Form provided later in this notice.

Enrolling in COBRA Online Is Easy & Secure

1. **Go to mybenefits.conocophillips.com** and log in with your username and password. If you don't know them, you may reset your username and password or **Register** as a first-time user. Your Company Key is **conocophillips**.
2. **Review and make your COBRA elections.** The online enrollment process makes it easy to select the coverage you're eligible for. Click "Start Here" to begin your enrollment.
3. **Choose the payment method you want.**
   a. **Pay Online** – Provide your bank account information. You can set up automatic monthly payments and avoid the usual $2.00 monthly convenience fee.
   b. **Pay by Check** – Make your check payable to **ConocoPhillips**.

Deadline to Enroll in COBRA
Your elections must be completed and/or postmarked no later than
06/29/2023

Your active coverage ends on 04/30/2023

If elected, COBRA coverages will be effective on 05/01/2023

*If you are electing COBRA as a dependent of a former employee who is not also electing COBRA or due to dependent qualifying event (such as a divorce or child reaching maximum age), **you cannot enroll online.** You will need to return the paper election form found in this package. Once enrolled, you will be able to login to **mybenefits.conocophillips.com** and create your online account.*

Coverage provided by ConocoPhillips to you and/or your covered dependent(s) ends on 04/30/2023 due to the following qualifying event: **Divorce**. You have the right to elect COBRA continuation coverage for a duration of up to 36 months.

Only members covered at the time of Qualifying Event are eligible for continuation. The following Qualified Beneficiaries are eligible to continue coverage under COBRA:

Kelli Hammond

283949100

Example 12

LifePoint Benefits Service Center
2322 W. Grand Parkway N. Suite 100
Katy, TX 77449

CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

IMPORTANT - KEEP THIS CERTIFICATE. This certificate is evidence of your coverage under this plan. Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

Preexisting Condition Exclusions. Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "preexisting condition exclusions." A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months before your "enrollment date." Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a preexisting condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a preexisting condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption, or placement for adoption.

If a plan imposes a preexisting condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you went for 63 days or more without any coverage (called a break in coverage) a plan may not have to count the coverage you had before the break. Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day break. You may use this certificate as evidence of your creditable coverage to reduce the length of any preexisting condition exclusion if you enroll in another plan.

Right to get special enrollment in another plan. Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.) Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request enrollment as soon as possible.

Prohibition against discrimination based on a health factor. Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents more for coverage, based on health, than the amount charged a similarly situated individual.

Right to individual health coverage. Under HIPAA, if you are an "eligible individual," you have a right to buy certain individual health policies (or in some states to buy coverage through a high-risk pool) without a preexisting condition exclusion. To be an eligible individual, you must meet the following requirements:

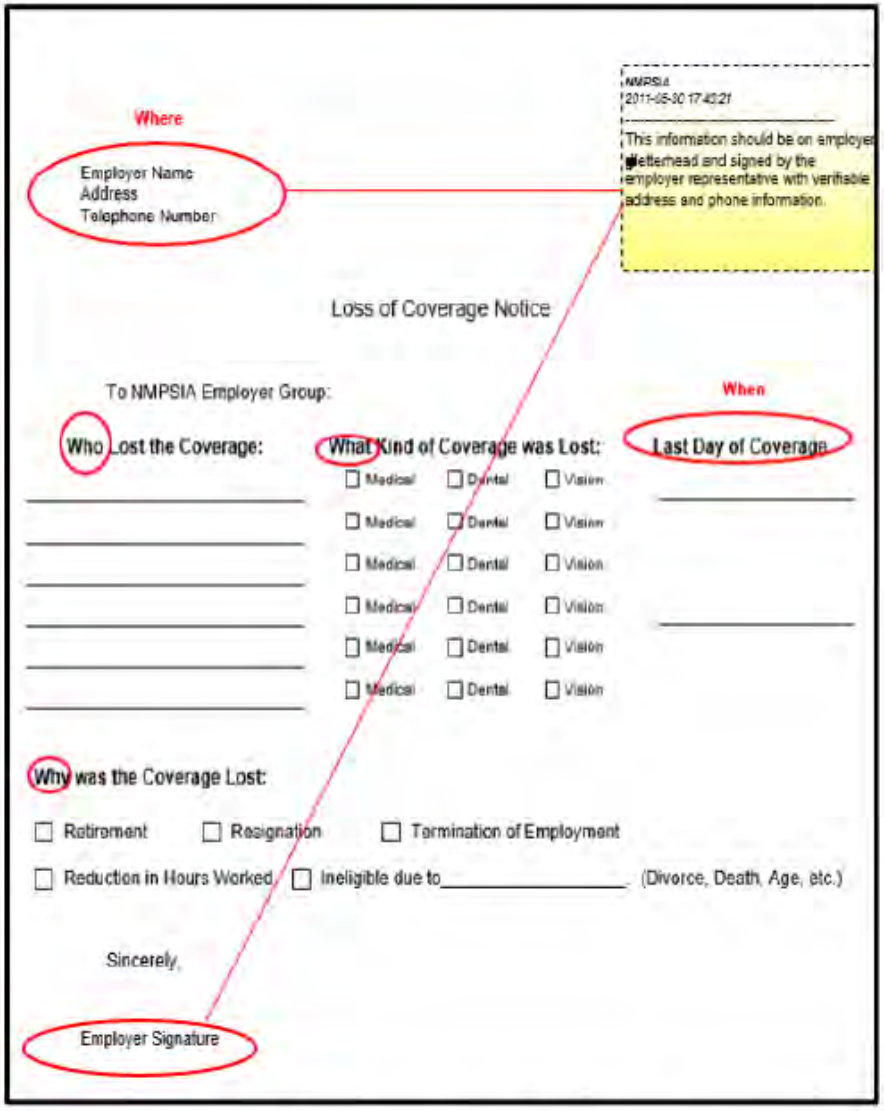
- You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- Your most recent coverage was under a group health plan (which can be shown by this certificate);
- Your group coverage was not terminated because of fraud or nonpayment of premiums;
- You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision); and
- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

The right to buy individual coverage is the same whether you are laid off, fired, or quit your job. Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible status due to a 63-day break.

New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

Example 13



Where

Employer Name
Address
Telephone Number

NMPSIA
2011-05-30 17:40:21

This information should be on employer letterhead and signed by the employer representative with verifiable address and phone information.

Loss of Coverage Notice

To NMPSIA Employer Group:

When

Who Lost the Coverage:

What Kind of Coverage was Lost:

Last Day of Coverage

_____	☐ Medical	☐ Dental	☐ Vision	_____
_____	☐ Medical	☐ Dental	☐ Vision	
_____	☐ Medical	☐ Dental	☐ Vision	
_____	☐ Medical	☐ Dental	☐ Vision	_____
_____	☐ Medical	☐ Dental	☐ Vision	
_____	☐ Medical	☐ Dental	☐ Vision	

Why was the Coverage Lost:

☐ Retirement ☐ Resignation ☐ Termination of Employment

☐ Reduction in Hours Worked ☐ Ineligible due to_____ (Divorce, Death, Age, etc.)

Sincerely,

Employer Signature

https://nmpsia.com/pdfs/Sample_Loss_of_Coverage_Notice_Form.pdf

New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

Tip

Before you sign and date a NMPSIA form, scan from top to bottom to ensure that each section is completed, readable and verifiable.

New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

Break & Group Stretch
10:00 – 10:15

Coming up:

10:15 a.m.	**CCMSI - Jerry Mayo and Vanessa Devine** ○ Introduction of Jessica Sanchez, NMWCA ○ Struggles with Workers' Compensation Reporting
11:30 a.m.	**Why Wellness? – NMPSIA Wellness Team**

New Mexico Public Schools Insurance Authority

CCMSI

CCMSI

Workers Compensation

Jerry Mayo & Vanessa Devine

New Mexico Public Schools Insurance Authority

CCMSI

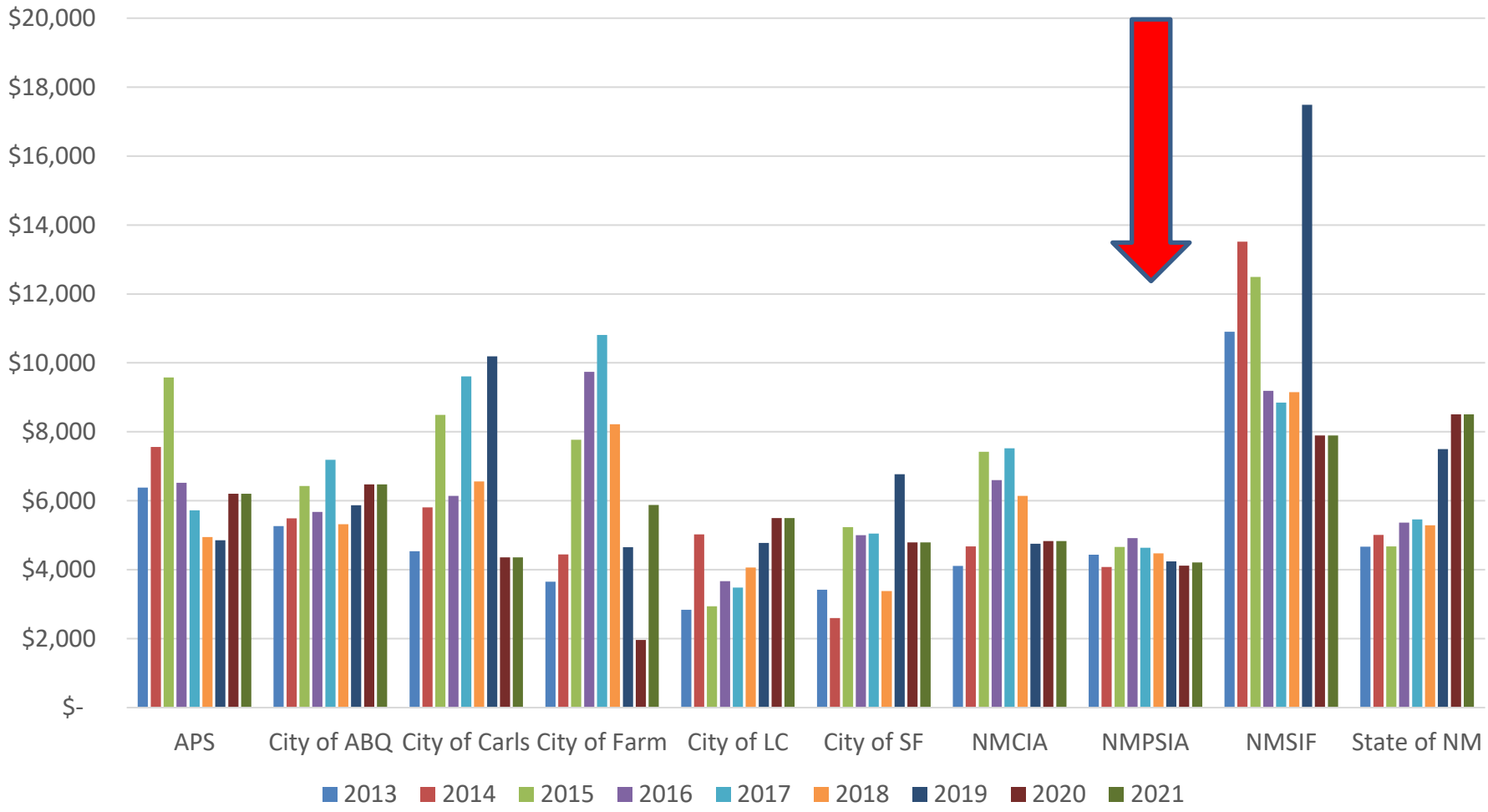
THANK YOU!

New Mexico Public Schools Insurance Authority

CCMSI

State of New Mexico Comparison

Average Cost per Claim

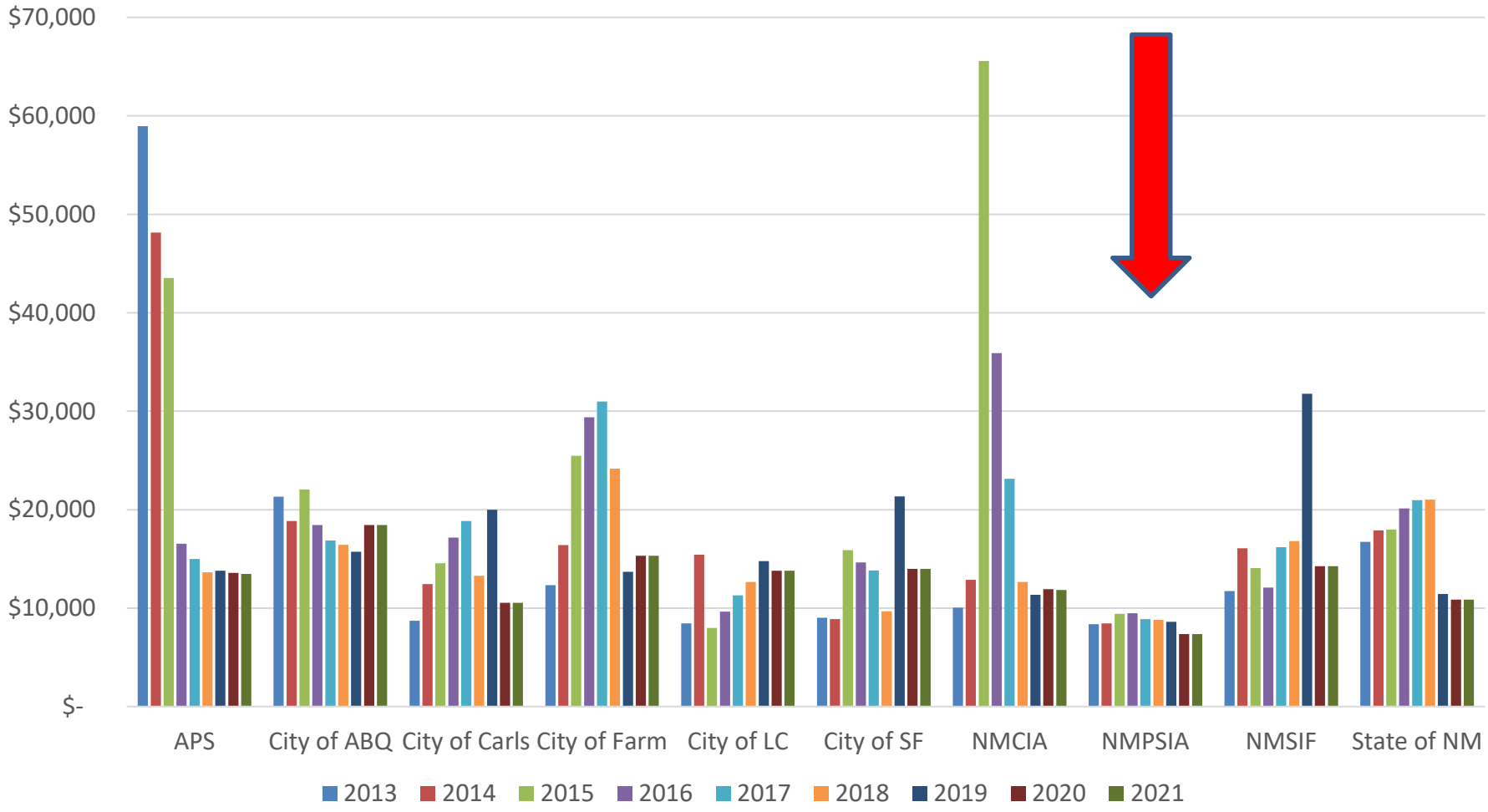


New Mexico Public Schools Insurance Authority

CCMSI

State of New Mexico Comparison

Average Cost per Indemnity Claim



New Mexico Public Schools Insurance Authority

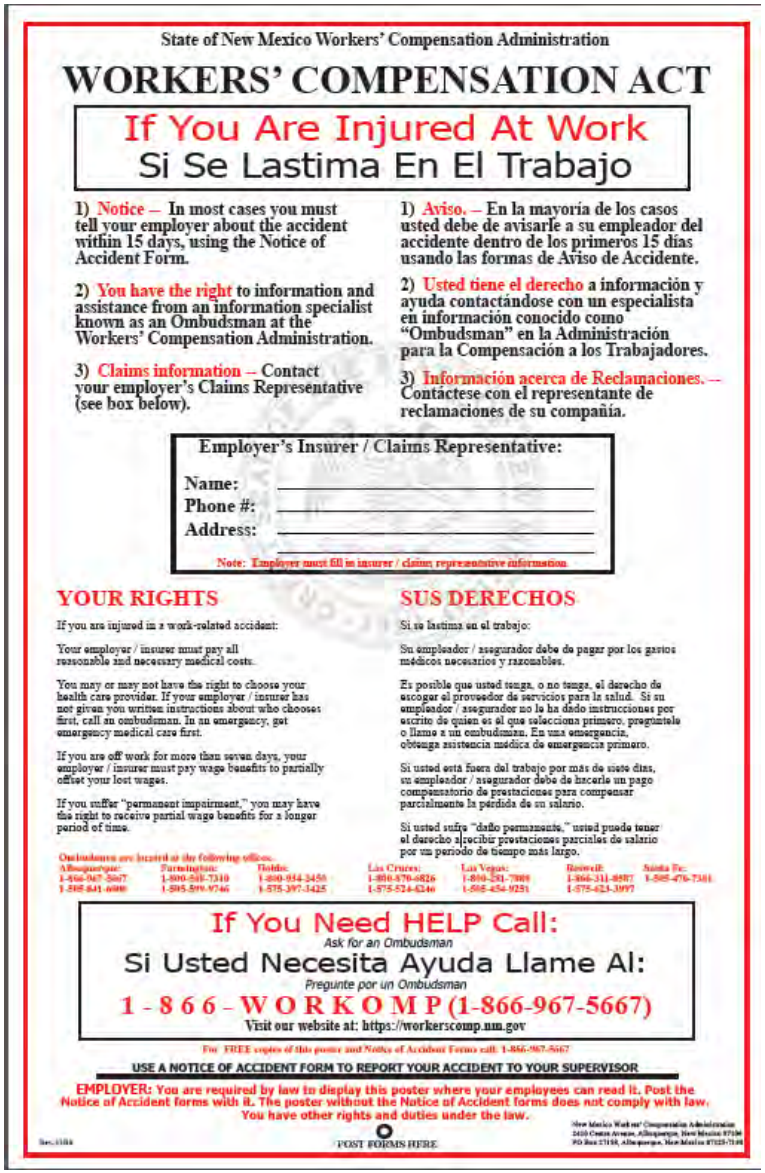
CCMSI

Workers' Compensation

Employers are required to post the workers' compensation poster with the Notice of Accident (NOA) forms at their workplace. The NOA forms are to be attached or adjacent to the poster.

Printable forms located at: https://workerscomp.nm.gov/NMWCA-Publications

Or you can call 1-866-967-5667 to request copies.



State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

If You Are Injured At Work
Si Se Lastima En El Trabajo

1) **Notice** – In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.

2) **You have the right** to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.

3) **Claims information** – Contact your employer's Claims Representative (see box below).

1) **Aviso.** – En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.

2) **Usted tiene el derecho** a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.

3) **Información acerca de Reclamaciones.** – Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:
Name: _____
Phone #: _____
Address: _____
Note: Employer must fill in insurer / claims representative information.

YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

SUS DERECHOS

Si se lastima en el trabajo:

Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es el que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

Ombudsmen are located at the following offices:

Albuquerque:	Farmington:	Hobbs:	Las Cruces:	Las Vegas:	Roswell:	Santa Fe:
1-866-967-5667	1-800-548-7310	1-800-954-3450	1-800-870-6826	1-800-281-7809	1-866-311-8587	1-505-476-7501
1-505-841-4000	1-505-599-9746	1-575-397-3425	1-575-524-6240	1-505-454-9251	1-575-623-3997	

If You Need HELP Call:
Ask for an Ombudsman
Si Usted Necesita Ayuda Llame Al:
Pregunte por un Ombudsman
1-866-WORKOMP (1-866-967-5667)
Visit our website at: https://workerscomp.nm.gov

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR

EMPLOYER: You are required by law to display this poster where your employees can read it. Post the Notice of Accident forms with it. The poster without the Notice of Accident forms does not comply with law. You have other rights and duties under the law.

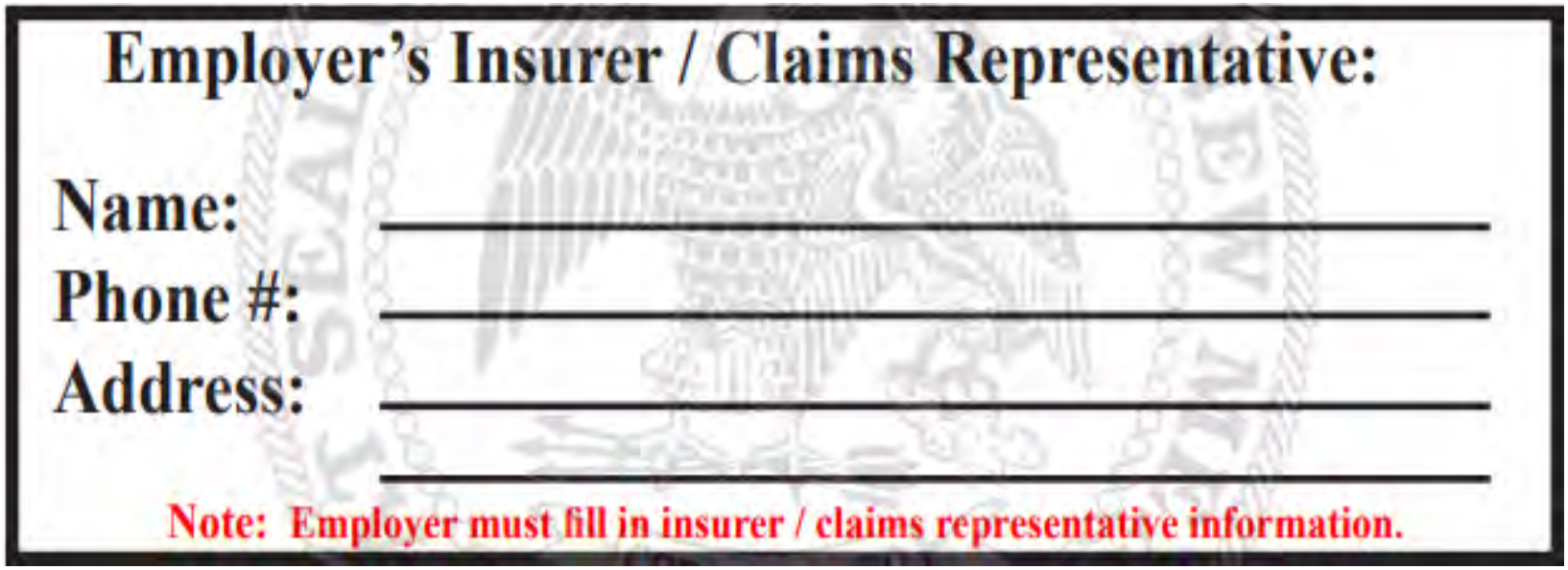
POST FORMS HERE

New Mexico Workers' Compensation Administration
2410 Centre Avenue, Albuquerque, New Mexico 87106
PO Box 27158, Albuquerque, New Mexico 87125-7158

New Mexico Public Schools Insurance Authority

CCMSI

Name: CCMSI
Phone #: 800-635-0679 505-837-8700
Address: P.O. Box 30870
Albuquerque, New Mexico 87190-0870



New Mexico Public Schools Insurance Authority

CCMSI

OHMS
OCCUPATIONAL
HEALTHCARE
MANAGEMENT
SERVICES

RELEASE OF MEDICAL INFORMATION

Be sure you are using the most current forms from the NMPSIA website!

We are still finding schools that are using forms from OHMS (Occupational Health Management Services). The were the claims administrator prior to CCMSI but the have not managed the claims since 2002!

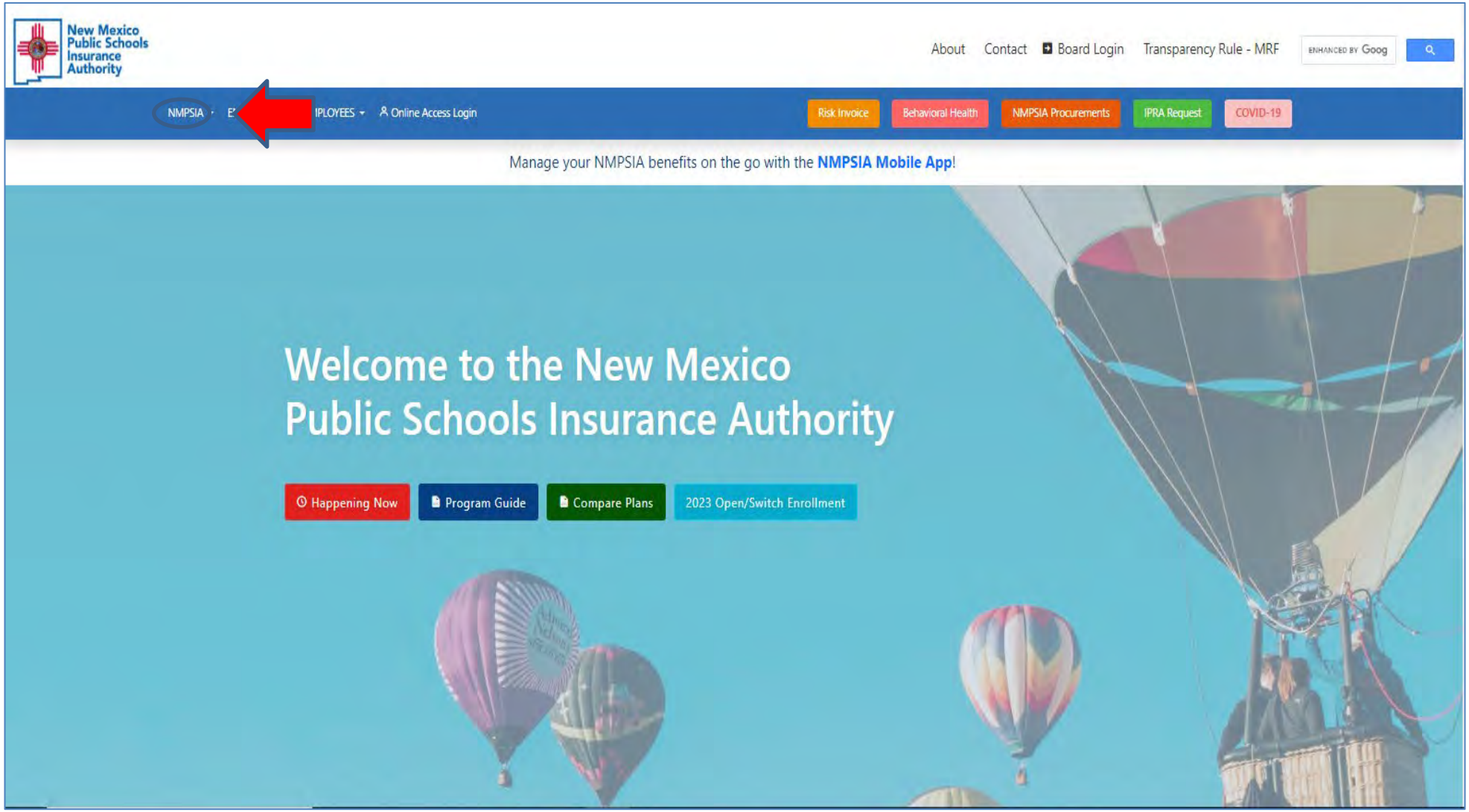
We also recently received a Notice of Accident (NOA) form that was from 1999!

Please use the forms from the NMPSIA website!

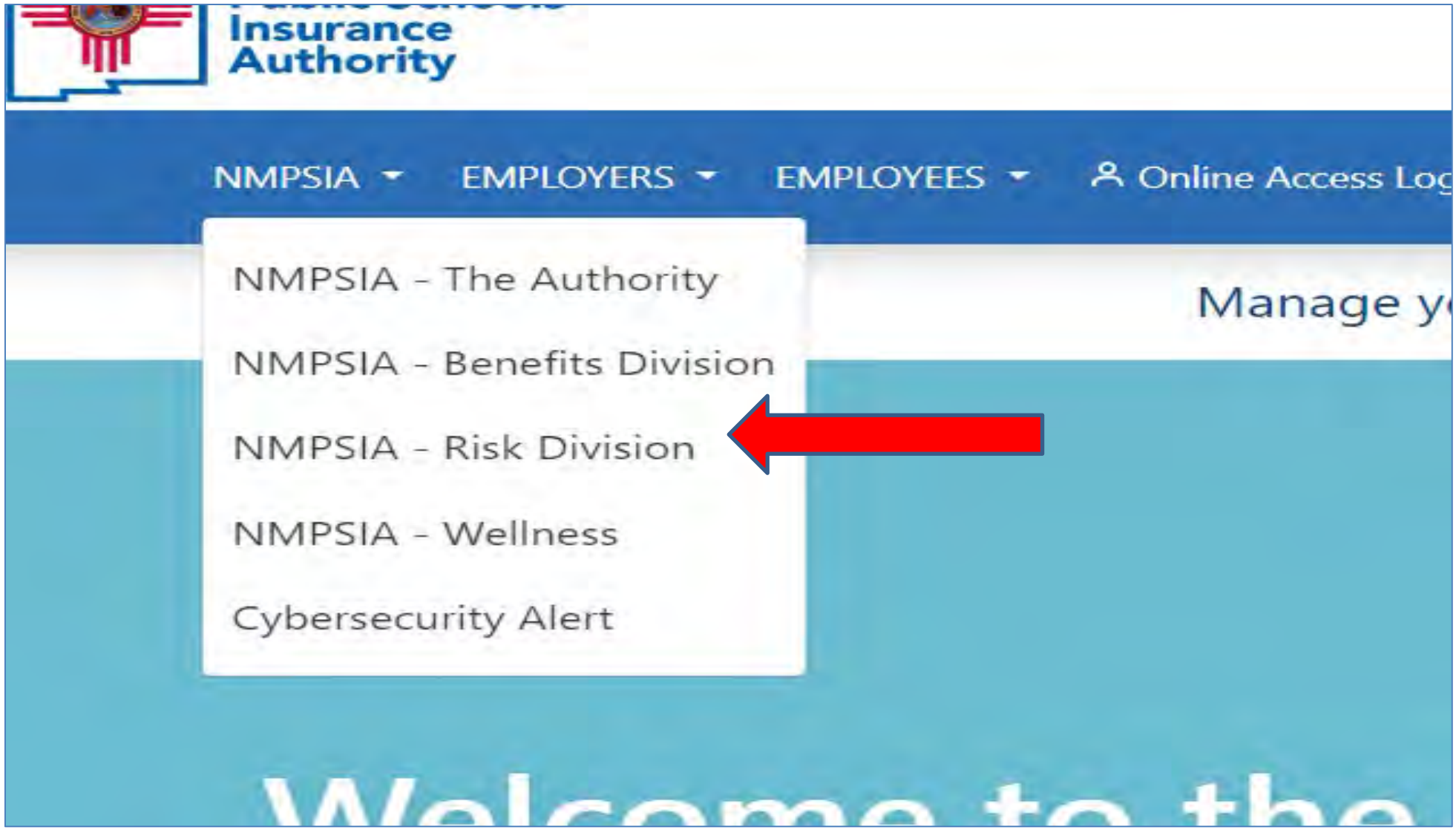
New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation



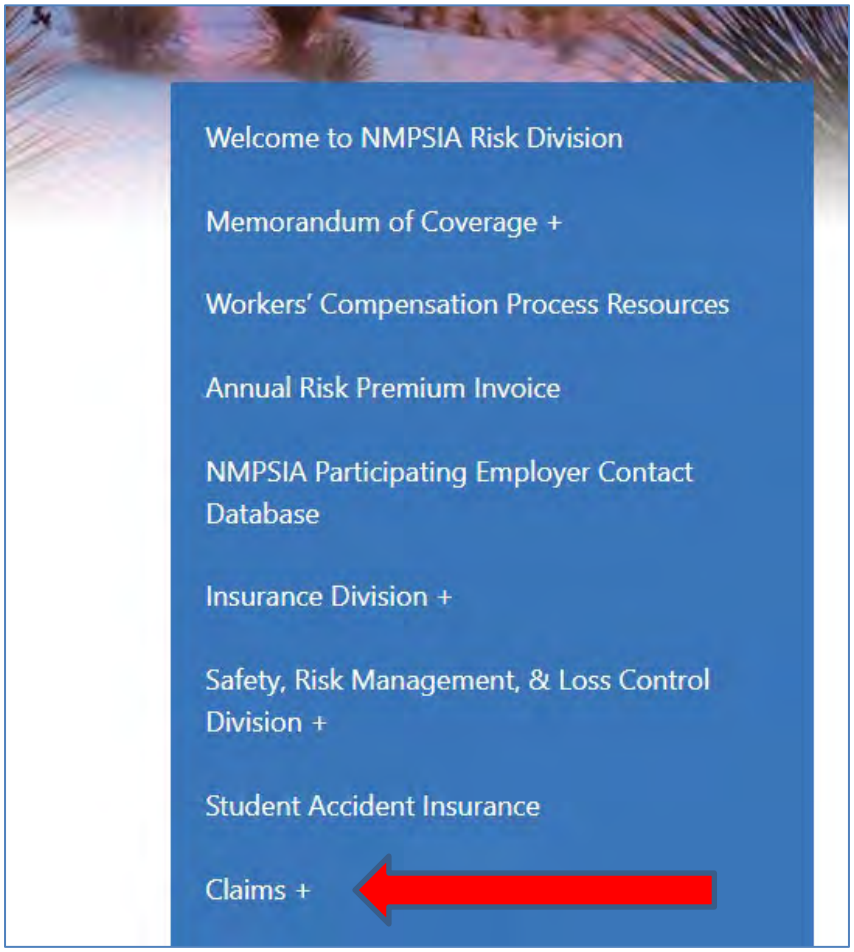
Workers' Compensation

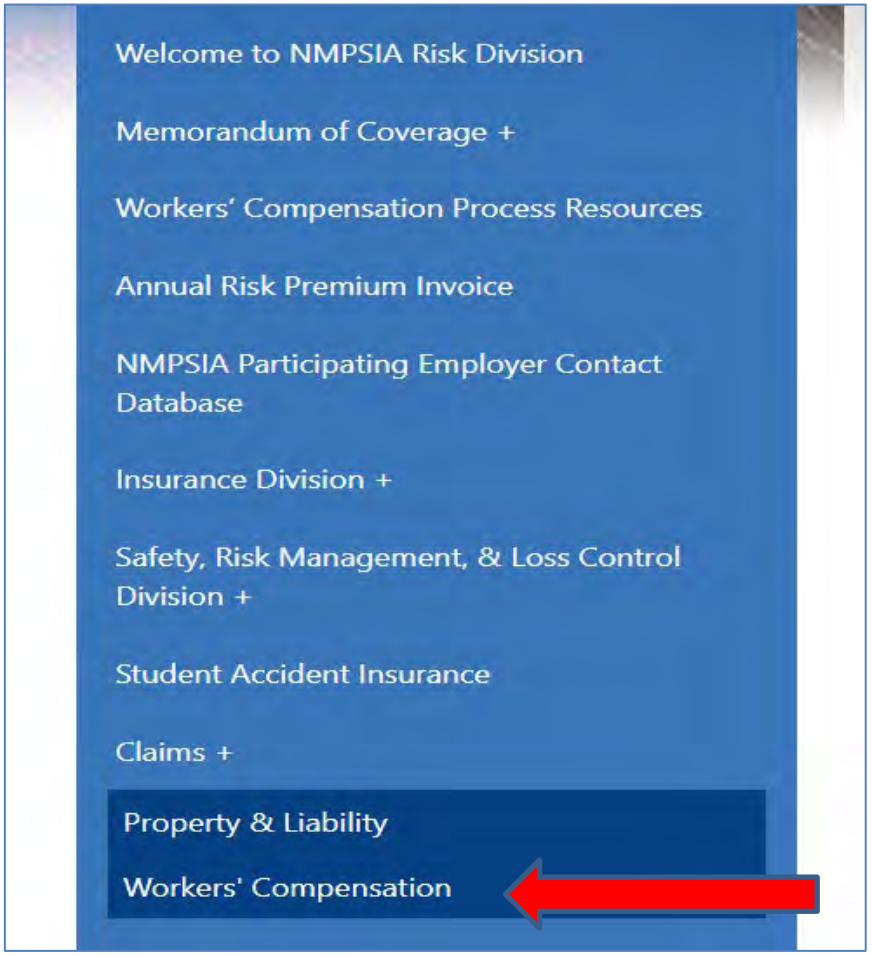


New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation





New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation

Workers' Compensation Forms & Documents

Forms

- Notice of Accident or Occupational Disease
- Alternative Notice of Accident (NOA-2 Employee's Choice)
- Employers' First Report of Injury or Illness
- Supervisor's Accident Investigation Report
- Report of Work Ability

Sample Workers' Compensation Policy Options

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation NOA

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT
NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29 ,Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/*nombre del empleado*) *me lastimé en un accidente en el trabajo o fui incapacitado*

by an occupational disease at approximately _____, on _____, 20_____.
por enfermedad de oficio aproximadamente (time/*a la(s) hora(s)*) *el* (date/*fecha*) *del* 20_____.

Employee's social security number: _____ Where did the accident occur? _____
Número de seguro social del empleado: *¿Dónde ocurrió el accidente?*

What happened? _____
¿Qué ocurrió?

_____

_____

To be completed by Employer:
Completado por el empleador:

Worker will choose health care provider. Yes___ No___
Trabajador elegirá proveedor de atención médica.

If Yes, Employer has right to change health care provider after 60 days.
En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

If No, Worker has the right to change health care provider after 60 days.
En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

WORKER'S INITIALS ____ *INICIALES DEL TRABAJADOR*

Signed: _____ Signed/Notice Received: _____
Firma: (employee/*empleado*) *Firma/Notificación recibida:* (employer or representative/*empleador o representante*)
Date/Fecha: _____ Date/*Fecha*: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Form NOA-1

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

----SEE BACK OF THIS FORM----
----VER AL REVERSO DE ESTA FORMA--

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation

Workers' Compensation Forms & Documents

Forms

- Notice of Accident or Occupational Disease
- Alternative Notice of Accident (NOA-2 Employee's Choice)
- Employers' First Report of Injury or Illness
- Supervisor's Accident Investigation Report
- Report of Work Ability

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation NMPSIA NOA

RESET FORM

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT
NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29 ,Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____ was involved in an on-the-job accident or was disabled by an occupational disease
Yo, (name of employee/*nombre del empleado*) *me lastimé en un accidente en el trabajo o fui incapacitado por enfermedad de oficio*

at approximately _____,on _____, 20____. Date of Hire _____ Employee's Date of Birth _____
proximadamente (time/*a la(s) hora(s)*) *el* (date/*fecha*) (*del* 20____.) (*fecha de empleo*) (*fecha de nacimiento*)

Employee's social security number: _____ Employee's Home Address: _____
Número de seguro social del empleado: *Direccion del empleado*

Employee's Telephone Number(s): Home: _____ Mobile: _____ Other: _____
Número de teléfono(s): (*Casa*) (*Celular*) (*Otro*)

Where did the accident occur? _____
¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

_____

_____

Worker will choose health care provider. Employer has right to change health care provider after 60 days.
Trabajador elegirá el proveedor de atención médica. El empleador tiene el derecho de cambiar el proveedor de atención médica después de 60 días

Signed: _____ Signed/Notice Received: _____
Firma: (employee/*empleado*) *Firma/Notificación recibida:* (employer or representative/*empleador o representante*)

Date/Fecha: _____ Date/*Fecha*: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation

Workers' Compensation Forms & Documents

Forms

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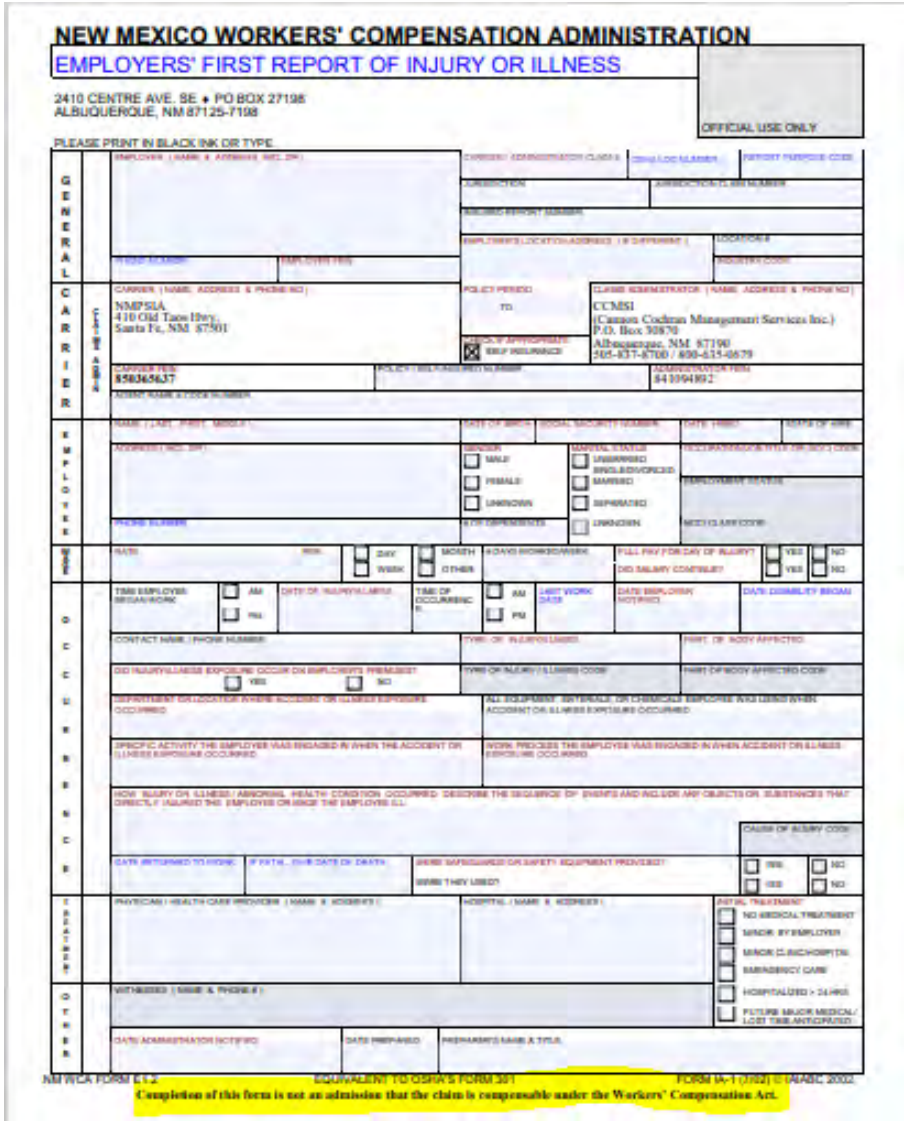
- Report of Work Ability

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation FROI



NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS

2410 CENTRE AVE. SE ♦ PO BOX 27198
ALBUQUERQUE, NM 87125-7198

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK OR TYPE

GENERAL

CARRIER

NMPSIA
410 Old Taos Hwy.
Santa Fe, NM 87501

POLICY PERIOD
TO

CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.)
CCMSI
(Cannon Cochran Management Services Inc.)
P.O. Box 30870
Albuquerque, NM 87190
505-837-8700 / 800-615-0679

CARRIER FEIN
850365637

ADMINISTRATOR FEIN
841094892

EMPLOYEE

GENDER
MALE
FEMALE
UNKNOWN

MARITAL STATUS
UNMARRIED (SINGLE/DIVORCED)
MARRIED
SEPARATED
UNKNOWN

RATE
PER
DAY
WEEK
MONTH
OTHER

DID SALARY CONTINUE?
YES
NO

OCCURRENCE

TIME EMPLOYEE BEGAN WORK
AM
PM

TIME OF OCCURRENCE
AM
PM

CONTACT NAME / PHONE NUMBER

DID INJURY/ILLNESS (EXPOSURE) OCCUR ON EMPLOYER'S PREMISES?
YES
NO

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS (EXPOSURE) OCCURRED

ALL EQUIPMENT, MATERIALS OR CHEMICALS (EXPOSURE) INVOLVED WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

SPECIFIC ACTIVITY THE EMPLOYER WAS ENGAGED IN WHEN THE ACCIDENT OR (ILLNESS EXPOSURE) OCCURRED

WORK PROCESS THE EMPLOYER WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS (EXPOSURE) OCCURRED

HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.

CAUSE OF INJURY CODE

DATE RETURNED TO WORK

IF FATAL, GIVE DATE OF DEATH

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?
YES
NO

WERE THEY USED?
YES
NO

TREATMENT

PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)

HOSPITAL (NAME & ADDRESS)

INITIAL TREATMENT
NO MEDICAL TREATMENT
MINOR BY EMPLOYER
MINOR CLINIC/HOSPITAL
EMERGENCY CARE
HOSPITALIZED > 24 HRS
FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED

OTHER

WITNESSES (NAME & PHONE #)

DATE ADMINISTRATOR NOTIFIED

DATE PREPARED

PREPARER'S NAME & TITLE

NM WCA FORM E1.2 EQUIVALENT TO OSHA'S FORM 301 FORM IA-1 (7/02) © IAABC 2002

Completion of this form is not an admission that the claim is compensable under the Workers' Compensation Act.

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation

Workers' Compensation Forms & Documents

Forms

- Notice of Accident or Occupational Disease
- Alternative Notice of Accident (NOA-2 Employee's Choice)
- Employers' First Report of Injury or Illness
- Supervisor's Accident Investigation Report
- Report of Work Ability

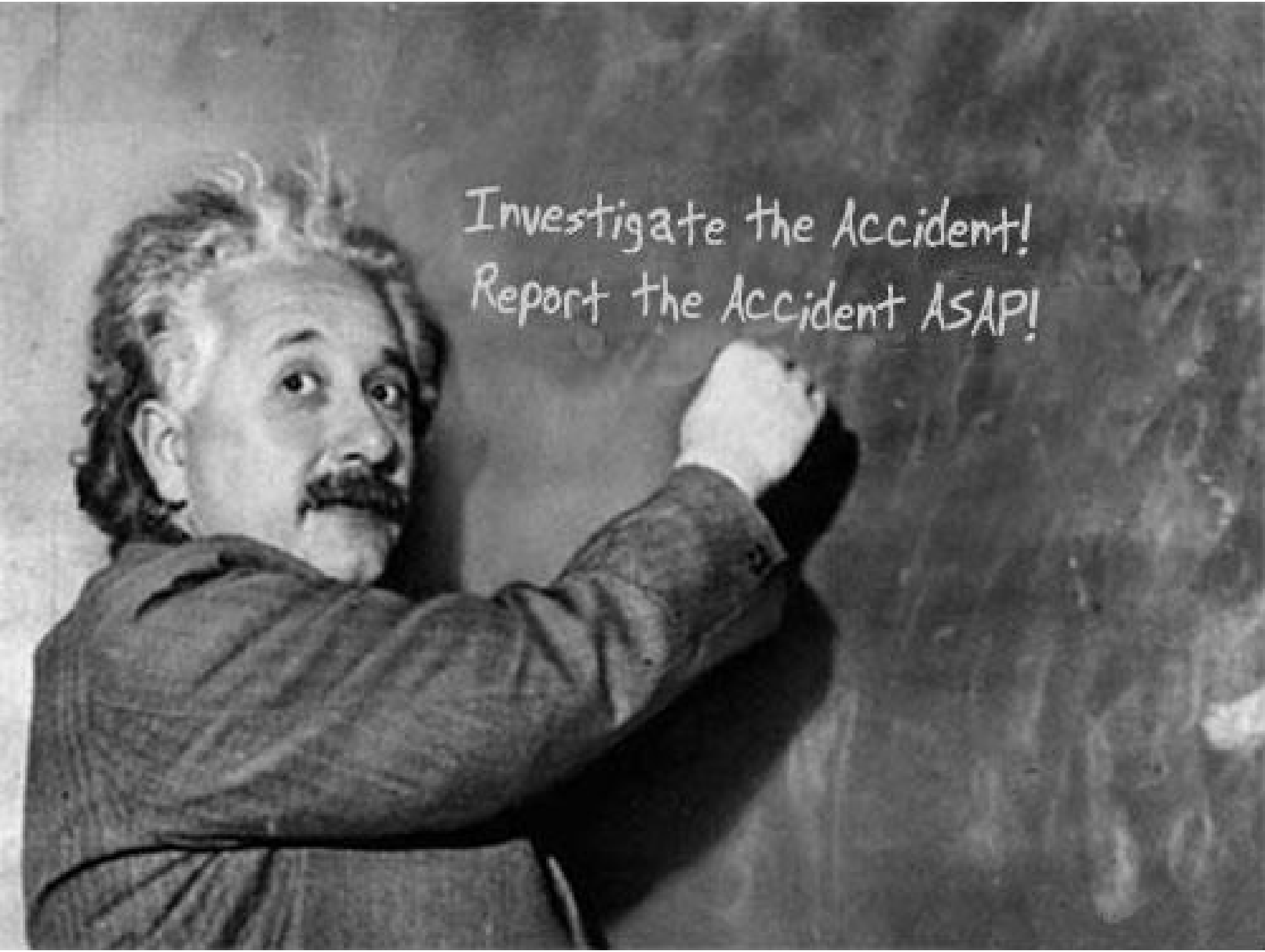
New Mexico Public Schools Insurance Authority

Workers' Compensation Investigation

CCMSI

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

GENERAL INFORMATION	DEPARTMENT	SHIFT
	EMPLOYEE NAME	JOB TITLE
	EMPLOYEE NUMBER	SEX (M/F)
	TYPE OF ACCIDENT/ILLNESS	
	TYPE OF INJURY	
	PART OF BODY INJURED / TREATMENT ☐ FIRST AID ☐ MEDICAL	DID EMPLOYEE RETURN TO WORK THE SAME DAY? ☐ YES ☐ NO
DESCRIPTION	WHERE DID THE ACCIDENT HAPPEN? USE ADDITIONAL SHEETS IF NECESSARY	
CAUSES	SPECIFIC MACHINE, TOOL, SUBSTATNCE OR OBJECT CONNECTED WITH THE ACCIDENT	
	UNSAFE MECHANICAL/PHYSICAL/ENVIRONMENTAL CONDITION AT TIME OF ACCIDENT (Be Specific)	
	PERSONAL FACTORS (Attitude, Lack of Knowledge or Skill, Slow Reaction, Fatigue)	
	PERSONAL PROTECTIVE EQUIPMENT REQUIRED	
	WAS INJURED EMPLOYEE USING REQUIRED EQUIPMENT?	
RECOMMENDATIONS	ACTION PLAN TO PREVENT RECURRENCE (Modification of Machine, Mechanical Guarding, Environment, Training)	
	SUPERVISOR'S SIGNATURE / DATE	
FOLLOW-UP	ACTIONS TAKEN ON RECOMMENDATIONS (Include Date Completed)	


Investigate the Accident!
Report the Accident ASAP!

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation

Why should the School investigate?

- ☐ Assist in the claims process at time of the incident.
- ☐ To be the "eyes and ears" in the field
- ☐ To gather facts on-site before they change.
- ☐ To preserve evidence that may be lost over time
- ☐ To identify ways to prevent accidents from recurring

New Mexico Public Schools Insurance Authority

Workers Compensation

CCMSI

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT
NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29 ,Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____ was involved in an on-the-job accident or was disabled by an occupational disease
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado por enfermedad de oficio

at approximately _____ on _____ 20___ Date of Hire _____ Employee's Date of Birth _____
proximadamente (time/a la(s) hora(s)) el (date/fecha) (del 20___) (fecha de empleo) (fecha de nacimiento)

Employee's social security number: _____ Employee's Home Address: _____
Número de seguro social del empleado: Direccion del empleado

Employee's Telephone Number(s): Home: _____ Mobile: _____ Other: _____
Número de tel/ efono(s): (Casa) (Celular) (Otro)

Where did the accident occur? _____
¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

Worker will choose health care provider. Employer has right to change health care provider after 60 days.
Trabajador elegirá el proveedor de atención médica. El empleador tiene el derecho de cambiar el proveedor de atención médica después de 60 días

Signed: _____ Signed/Notice Received: _____
Firma: (employee/empleado) *Firma/Notificación recibida: (employer or representative/empleador o representante)*

Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker (*Trabajador*)
For emergency medical care, go to any emergency medical facility. *(Para emergencias médicas vaya a cualquier clínica / hospital.)*

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.
(Trabajadoras y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.)

Statewide Helpline -- *Línea de Asistencia*
1-866-WORKOMP / 1-866-967-5667
toll free -- *llamada sin costo de larga distancia*
New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

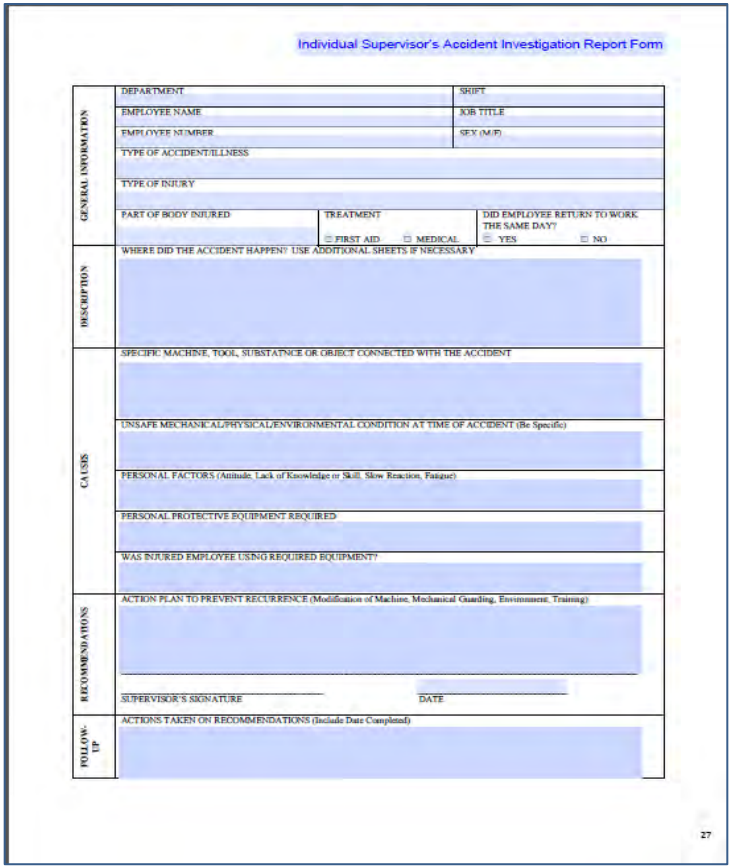
Albuquerque: (505) 841-6000 - 1 (800) 255-7965 Las Vegas: (505) 454-9251 - 1 (800) 281-7889 Santa Fe: (505) 476-7361
Farmington: (505) 599-9746 - 1 (800) 568-7310 Lovington: (575) 396-3437 - 1 (800) 934-2450 TDD for the deaf: (505) 841-6043
Las Cruces: (575) 524-6248 - 1 (800) 870-6828 Roswell: (575) 623-3997 - 1(800) 311-8587 www.workerscomp.state.nm.us

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

Form NOA-2- NMPSIA 2015 22

Email these forms to CCMSI dedicated WC email:

nmpsiawc@ccmsi.com



Individual Supervisor's Accident Investigation Report Form

GENERAL INFORMATION
DEPARTMENT | SHIFT
EMPLOYEE NAME | JOB TITLE
EMPLOYEE NUMBER | SEX (M/F)
TYPE OF ACCIDENT/ILLNESS
TYPE OF INJURY
PART OF BODY INJURED | TREATMENT ☐ FIRST AID ☐ MEDICAL | DID EMPLOYEE RETURN TO WORK THE SAME DAY? ☐ YES ☐ NO

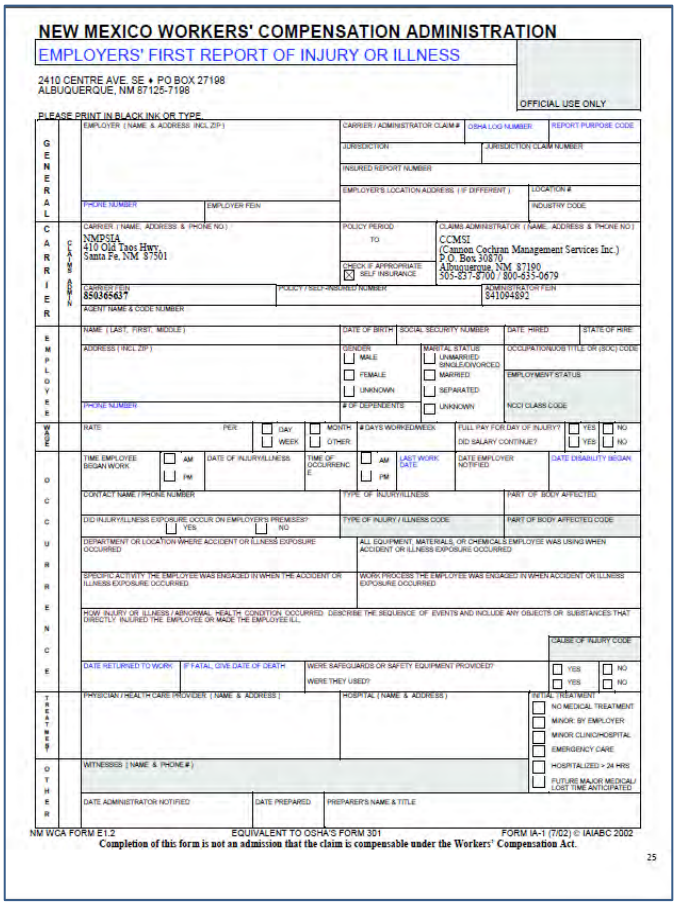
DESCRIPTION
WHERE DID THE ACCIDENT HAPPEN? USE ADDITIONAL SHEETS IF NECESSARY

CAUSE
SPECIFIC MACHINE, TOOL, SUBSTATNCE OR OBJECT CONNECTED WITH THE ACCIDENT
UNSAFE MECHANICAL/PHYSICAL/ENVIRONMENTAL CONDITION AT TIME OF ACCIDENT (Be Specific)
PERSONAL FACTORS (Attitude, Lack of Knowledge or Skill, Slow Reaction, Fatigue)
PERSONAL PROTECTIVE EQUIPMENT REQUIRED
WAS INJURED EMPLOYEE USING REQUIRED EQUIPMENT?

RECOMMENDATIONS
ACTION PLAN TO PREVENT RECURRENCE (Modification of Machine, Mechanical Guarding, Environment, Training)
SUPERVISOR'S SIGNATURE | DATE

FOLLOW-UP
ACTIONS TAKEN ON RECOMMENDATIONS (Include Date Completed)

27



NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION
EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS
2410 CENTRE AVE. SE • PO BOX 27198
ALBUQUERQUE, NM 87125-7198
OFFICIAL USE ONLY
PLEASE PRINT IN BLACK INK OR TYPE

GENERAL
EMPLOYER (NAME & ADDRESS INCL ZIP) | CARRIER / ADMINISTRATOR CLAIM # | OSHA LOG NUMBER | REPORT PURPOSE CODE
JURISDICTION | JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) | LOCATION #
PHONE NUMBER | EMPLOYER FEIN | INDUSTRY CODE

CARRIER / CLAIM ADMIN
CARRIER (NAME, ADDRESS & PHONE NO.): NMPSIA, 410 Old Taos Hwy, Santa Fe, NM 87501
POLICY PERIOD TO | CHECK IF APPROPRIATE: ☒ SELF INSURANCE
CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.): CCMSI (Canyon Cochran Management Services Inc.) P.O. Box 30870 Albuquerque, NM 87190 505-837-8700 / 800-633-0679
CARRIER FEIN: 850365637 | POLICY / SELF-INSURED NUMBER | ADMINISTRATOR FEIN: 841094892
AGENT NAME & CODE NUMBER

EMPLOYEE
NAME (LAST, FIRST, MIDDLE) | DATE OF BIRTH | SOCIAL SECURITY NUMBER | DATE HIRED | STATE OF HIRE
ADDRESS (INCL ZIP) | GENDER ☐ MALE ☐ FEMALE ☐ UNKNOWN | MARITAL STATUS ☐ UNMARRIED SINGLE/DIVORCED ☐ MARRIED ☐ SEPARATED ☐ UNKNOWN | OCCUPATION/JOB TITLE OR (SOC) CODE | EMPLOYMENT STATUS
PHONE NUMBER | # OF DEPENDENTS | NCCI CLASS CODE

WAGE
RATE | PER ☐ DAY ☐ WEEK ☐ MONTH ☐ OTHER | # DAYS WORKED/WEEK | FULL PAY FOR DAY OF INJURY? ☐ YES ☐ NO | DID SALARY CONTINUE? ☐ YES ☐ NO

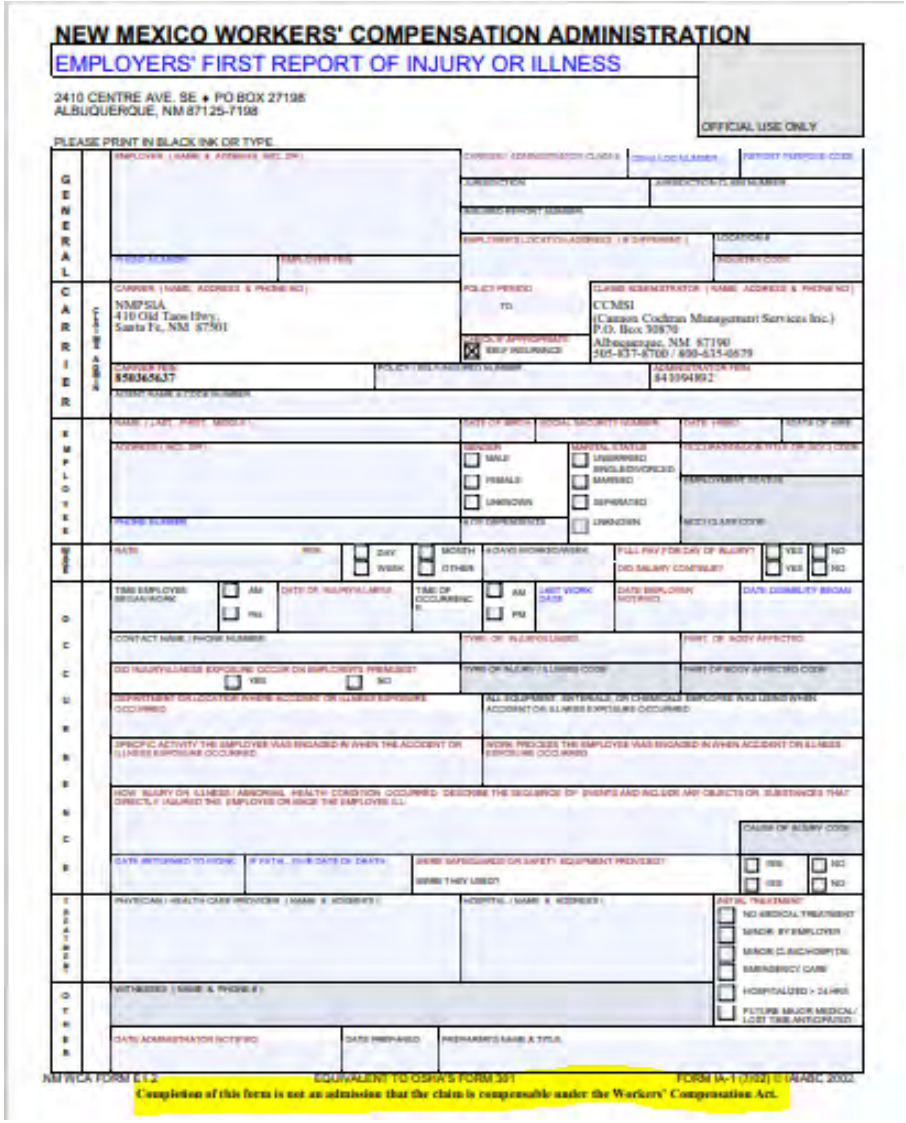
OCCURRENCE
TIME EMPLOYEE BEGAN WORK ☐ AM ☐ PM | DATE OF INJURY/ILLNESS | TIME OF OCCURRENCE ☐ AM ☐ PM | LAST WORK DATE | DATE EMPLOYER NOTIFIED | DATE DISABILITY BEGAN
CONTACT NAME / PHONE NUMBER | TYPE OF INJURY/ILLNESS | PART OF BODY AFFECTED
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO | TYPE OF INJURY / ILLNESS CODE | PART OF BODY AFFECTED CODE
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED | ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED | WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.
CAUSE OF INJURY CODE
DATE RETURNED TO WORK | IF FATAL, GIVE DATE OF DEATH | WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED? ☐ YES ☐ NO ☐ YES ☐ NO

TREATMENT
PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS) | HOSPITAL (NAME & ADDRESS) | INITIAL TREATMENT ☐ NO MEDICAL TREATMENT ☐ MINOR: BY EMPLOYER ☐ MINOR CLINIC/HOSPITAL ☐ EMERGENCY CARE ☐ HOSPITALIZED > 24 HRS ☐ FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED

OTHER
WITNESSES (NAME & PHONE #)
DATE ADMINISTRATOR NOTIFIED | DATE PREPARED | PREPARER'S NAME & TITLE

NM WCA FORM E1.2 EQUIVALENT TO OSHA'S FORM 301 FORM IA-1 (7/02) © IAIABC 2002
Completion of this form is not an admission that the claim is compensable under the Workers' Compensation Act.
25

Workers' Compensation FROI



NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS

2410 CENTRE AVE. SE. • PO BOX 27198
ALBUQUERQUE, NM 87125-7198

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK OR TYPE

GENERAL

CARRIER

NMPSIA
410 Old Taos Hwy.
Santa Fe, NM 87501

CLAIM ADMINISTRATOR (NAME, ADDRESS & PHONE NO.)
CCMSI
(Cannon Cochran Management Services Inc.)
P.O. Box 30870
Albuquerque, NM 87190
505-837-8700 / 800-635-0679

CARRIER FEIN
850365637

ADMINISTRATOR FEIN
841094892

EMPLOYEE

GENDER
MALE
FEMALE
UNKNOWN

MARITAL STATUS
UNMARRIED
SINGLE/DIVORCED
MARRIED
SEPARATED
UNKNOWN

EMPLOYMENT STATUS

WAGE

RATE
DAY
WEEK
MONTH
OTHER

FULL PAY FOR DAY OF INJURY?
YES
NO

OCCURRENCE

DATE OF INJURY/ILLNESS
TIME OF OCCURRENCE
AM
PM

LAST WORK DATE

DATE EMPLOYER NOTIFIED

DATE DISABILITY BEGAN

CONTACT NAME / PHONE NUMBER

TYPE OF INJURY / ILLNESS

PART OF BODY AFFECTED

DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?
YES
NO

TYPE OF INJURY / ILLNESS CODE

PART OF BODY AFFECTED CODE

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED

ALL EQUIPMENT, MATERIALS OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED

WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.

CAUSE OF INJURY CODE

DATE RETURNED TO WORK

IF FATAL, GIVE DATE OF DEATH

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?
YES
NO

WERE THEY USED?
YES
NO

PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)

HOSPITAL (NAME & ADDRESS)

INITIAL TREATMENT
NO MEDICAL TREATMENT
MINOR, BY EMPLOYER
MINOR, CLINIC/HOSP/TX
EMERGENCY CARE
HOSPITALIZED > 24 HRS.
FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED

OTHER

WITNESSES (NAME & PHONE #)

DATE ADMINISTRATOR NOTIFIED

DATE PREPARED

PREPARER'S NAME & TITLE

NM WCA FORM E1-2 EQUIVALENT TO OSHA'S FORM 301 FORM IA-1 (7/02) © IAABC 2002

Completion of this form is not an admission that the claim is compensable under the Workers' Compensation Act.

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation FROI GENERAL Section

PLEASE PRINT IN BLACK INK OR TYPE.

GENERAL					
	EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER / ADMINISTRATOR CLAIM #	OSHA LOG NUMBER	REPORT PURPOSE CODE
			JURISDICTION	JURISDICTION CLAIM NUMBER	
			INSURED REPORT NUMBER		
			EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)	LOCATION #	
	PHONE NUMBER	EMPLOYER FEIN		INDUSTRY CODE	

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation FROI CARRIER Section

CARRIER	CLAIMS ADMIN	CARRIER (NAME, ADDRESS & PHONE NO)	POLICY PERIOD	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
		NMPSIA 410 Old Taos Hwy. Santa Fe, NM 87501	TO CHECK IF APPROPRIATE ☒ SELF INSURANCE	CCMSI (Cannon Cochran Management Services Inc.) P.O. Box 30870 Albuquerque, NM 87190 505-837-8700 / 800-635-0679
		CARRIER FEIN 850365637	POLICY / SELF-INSURED NUMBER	ADMINISTRATOR FEIN 841094892
		AGENT NAME & CODE NUMBER		

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation FROI EMPLOYEE Section

EMPLOYEE		NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
		ADDRESS (INCL ZIP)	GENDER ☐ MALE ☐ FEMALE ☐ UNKNOWN	MARITAL STATUS ☐ UNMARRIED SINGLE/DIVORCED ☐ MARRIED ☐ SEPARATED ☐ UNKNOWN	OCCUPATION/JOB TITLE OR (SOC) CODE EMPLOYMENT STATUS	
		PHONE NUMBER	# OF DEPENDENTS		NCCI CLASS CODE	

Workers' Compensation FROI
WAGE Section

WAGE		RATE	PER:	☐ DAY ☐ WEEK	☐ MONTH ☐ OTHER:	# DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? DID SALARY CONTINUE?	☐ YES ☐ YES	☐ NO ☐ NO

New Mexico Public Schools Insurance Authority

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Workers' Compensation FROI OCCURRENCE Section

OCCURRENCE

TIME EMPLOYEE BEGAN WORK ☐ AM ☐ PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE ☐ AM ☐ PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN		
CONTACT NAME / PHONE NUMBER			TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED		
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO			TYPE OF INJURY / ILLNESS CODE		PART OF BODY AFFECTED CODE		
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED				
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED				
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DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?		☐ YES	☐ NO		
		WERE THEY USED?		☐ YES	☐ NO		

New Mexico Public Schools Insurance Authority

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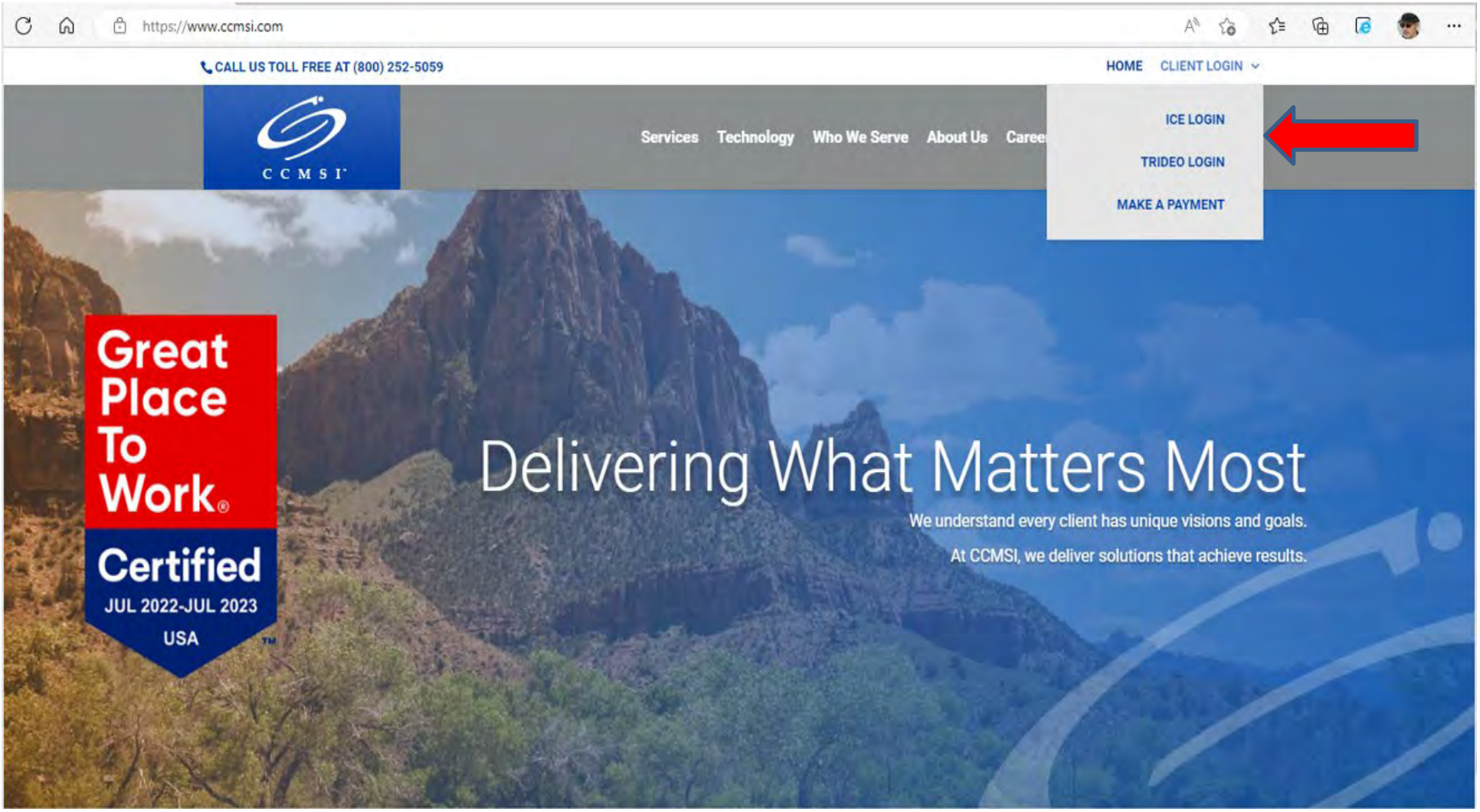
Workers' Compensation FROI TREATMENT & OTHER Sections

TREATMENT		PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)	HOSPITAL (NAME & ADDRESS)	INITIAL TREATMENT ☐ NO MEDICAL TREATMENT ☐ MINOR: BY EMPLOYER ☐ MINOR CLINIC/HOSPITAL ☐ EMERGENCY CARE ☐ HOSPITALIZED > 24 HRS ☐ FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED
OTHER		WITNESSES (NAME & PHONE #)		
		DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation Electronic Reporting



New Mexico Public Schools Insurance Authority

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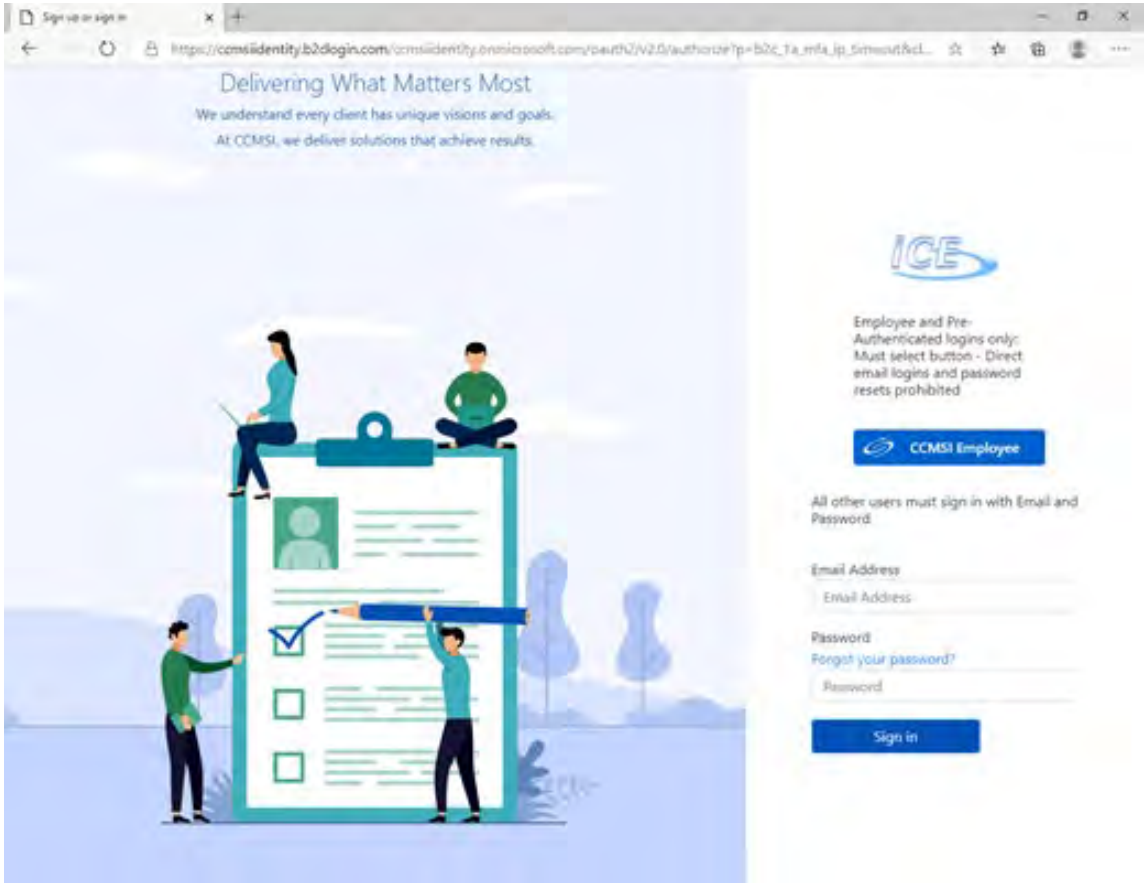
Workers' Compensation Internet Claims Edge (ICE)



New Mexico Public Schools Insurance Authority

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Workers' Compensation

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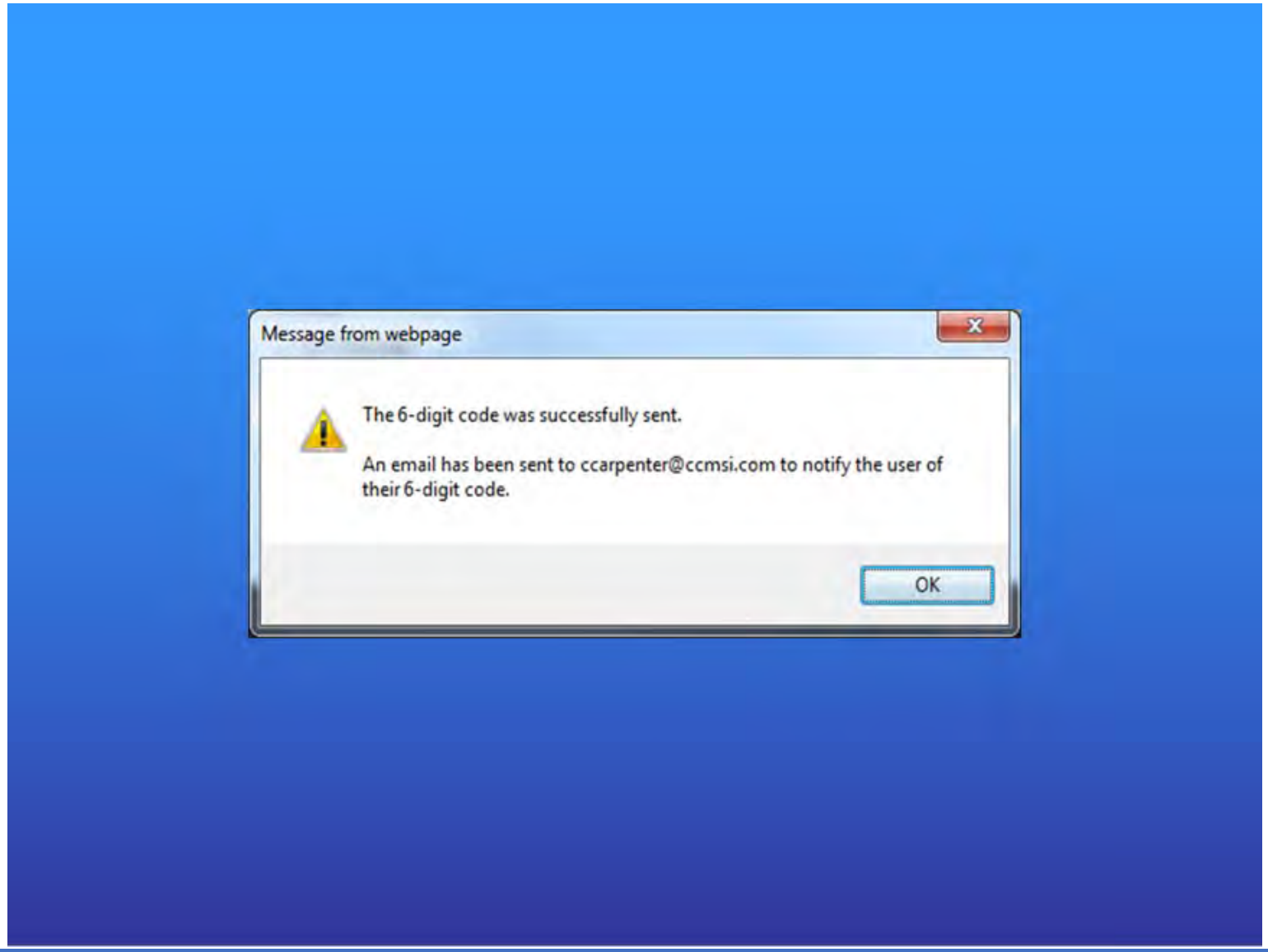

New Mexico Public Schools Insurance Authority

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Workers' Compensation

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Workers' Compensation

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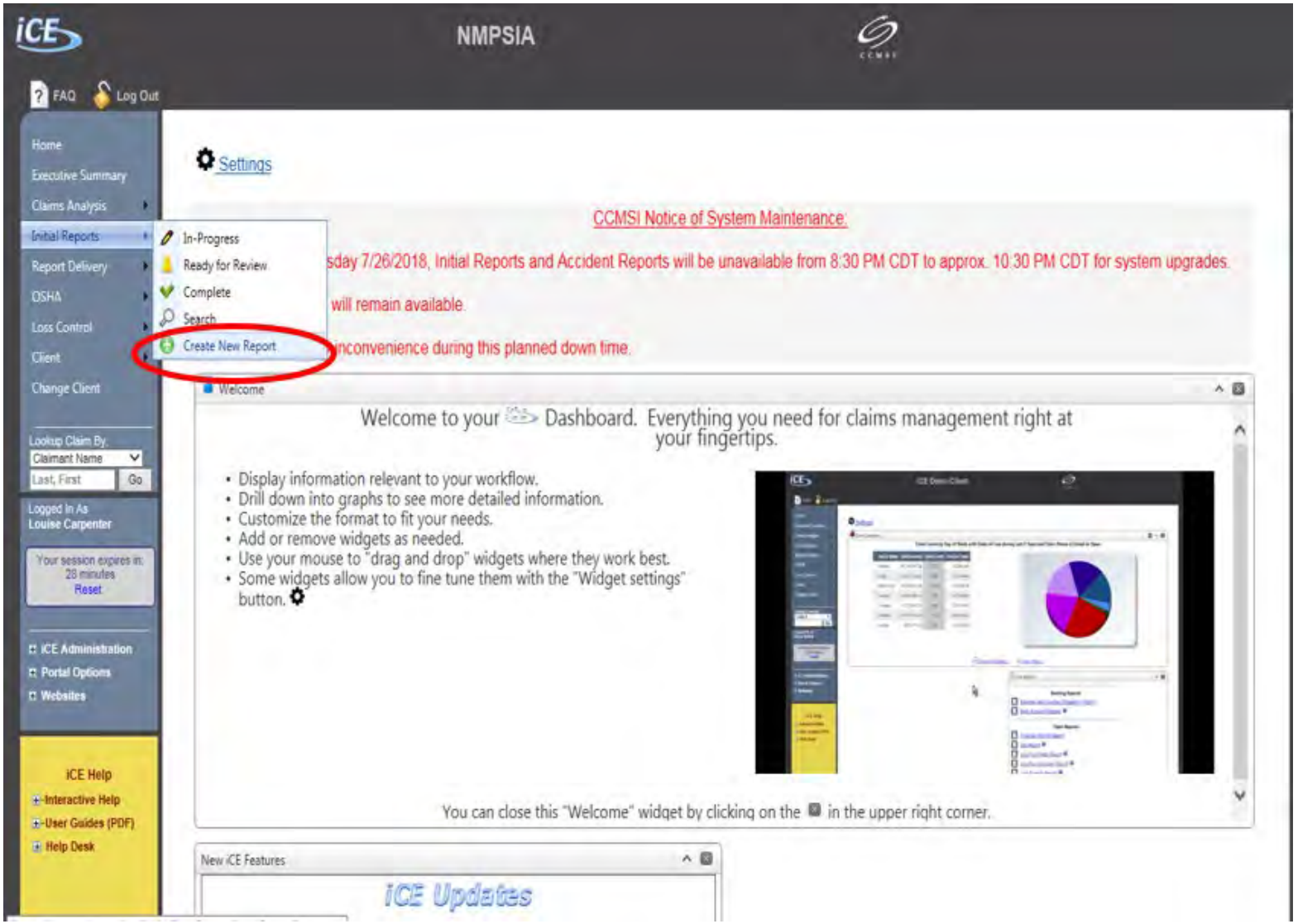
Workers' Compensation



New Mexico Public Schools Insurance Authority

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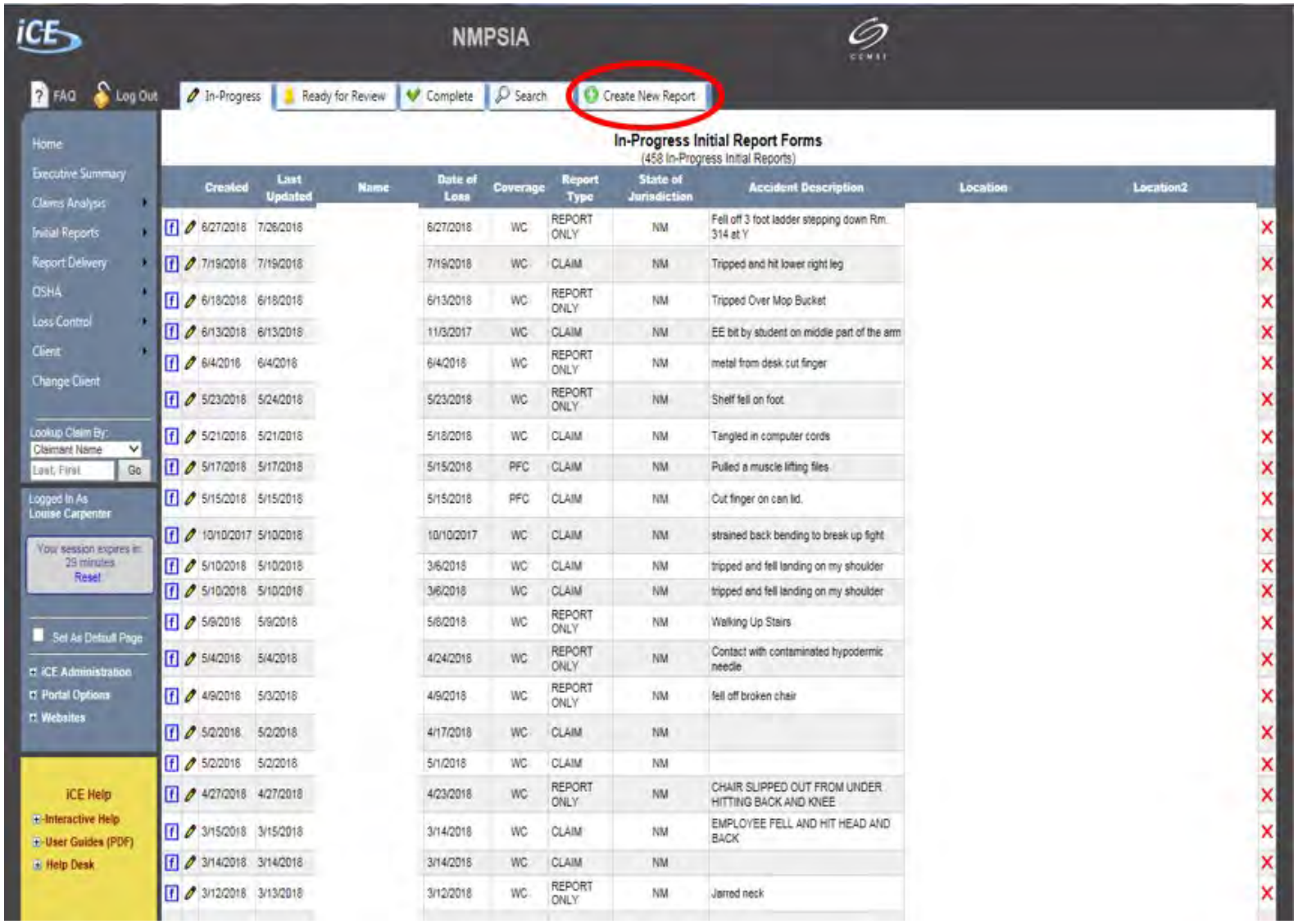
Workers' Compensation



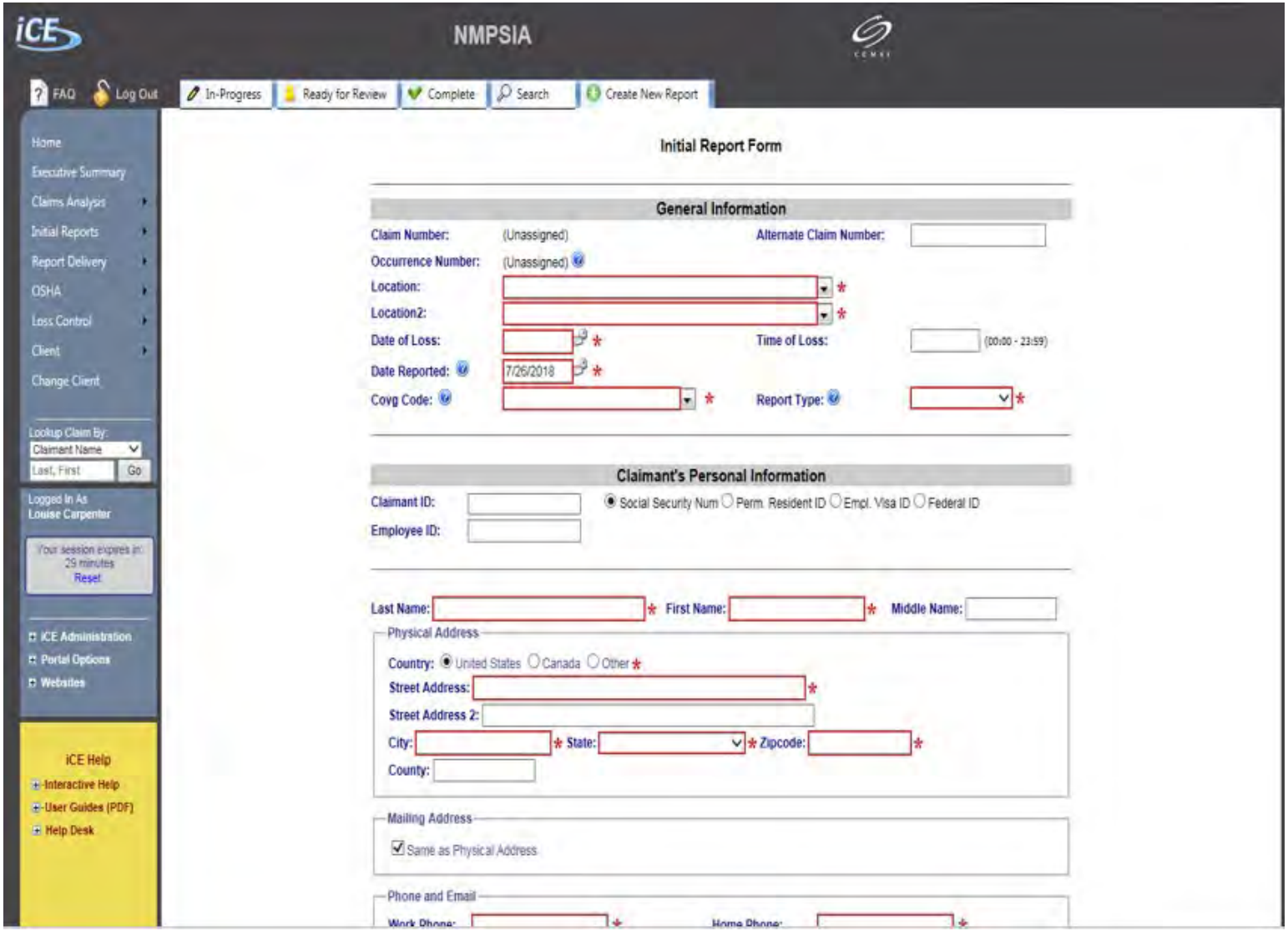
In-Progress Initial Report Forms
(458 In-Progress Initial Reports)

Created	Last Updated	Name	Date of Loss	Coverage	Report Type	State of Jurisdiction	Accident Description	Location	Location2
6/27/2018	7/26/2018		6/27/2018	WC	REPORT ONLY	NM	Fell off 3 foot ladder stepping down Rm. 314 at Y		
7/19/2018	7/19/2018		7/19/2018	WC	CLAIM	NM	Tripped and hit lower right leg		
6/18/2018	6/18/2018		6/13/2018	WC	REPORT ONLY	NM	Tripped Over Mop Bucket		
6/13/2018	6/13/2018		11/3/2017	WC	CLAIM	NM	EE bit by student on middle part of the arm		
6/4/2018	6/4/2018		6/4/2018	WC	REPORT ONLY	NM	metal from desk cut finger		
5/23/2018	5/24/2018		5/23/2018	WC	REPORT ONLY	NM	Shelf fell on foot		
5/21/2018	5/21/2018		5/18/2018	WC	CLAIM	NM	Tangled in computer cords		
5/17/2018	5/17/2018		5/15/2018	PFC	CLAIM	NM	Pulled a muscle lifting files		
5/15/2018	5/15/2018		5/15/2018	PFC	CLAIM	NM	Cut finger on can lid.		
10/10/2017	5/10/2018		10/10/2017	WC	CLAIM	NM	strained back bending to break up fight		
5/10/2018	5/10/2018		3/6/2018	WC	CLAIM	NM	tripped and fell landing on my shoulder		
5/10/2018	5/10/2018		3/6/2018	WC	CLAIM	NM	tripped and fell landing on my shoulder		
5/9/2018	5/9/2018		5/8/2018	WC	REPORT ONLY	NM	Walking Up Stairs		
5/4/2018	5/4/2018		4/24/2018	WC	REPORT ONLY	NM	Contact with contaminated hypodermic needle		
4/9/2018	5/3/2018		4/9/2018	WC	REPORT ONLY	NM	fell off broken chair		
5/2/2018	5/2/2018		4/17/2018	WC	CLAIM	NM			
5/2/2018	5/2/2018		5/1/2018	WC	CLAIM	NM			
4/27/2018	4/27/2018		4/23/2018	WC	REPORT ONLY	NM	CHAIR SLIPPED OUT FROM UNDER HITTING BACK AND KNEE		
3/15/2018	3/15/2018		3/14/2018	WC	CLAIM	NM	EMPLOYEE FELL AND HIT HEAD AND BACK		
3/14/2018	3/14/2018		3/14/2018	WC	CLAIM	NM			
3/12/2018	3/13/2018		3/12/2018	WC	REPORT ONLY	NM	Jarred neck		

New Mexico Public Schools Insurance Authority

CCMSI

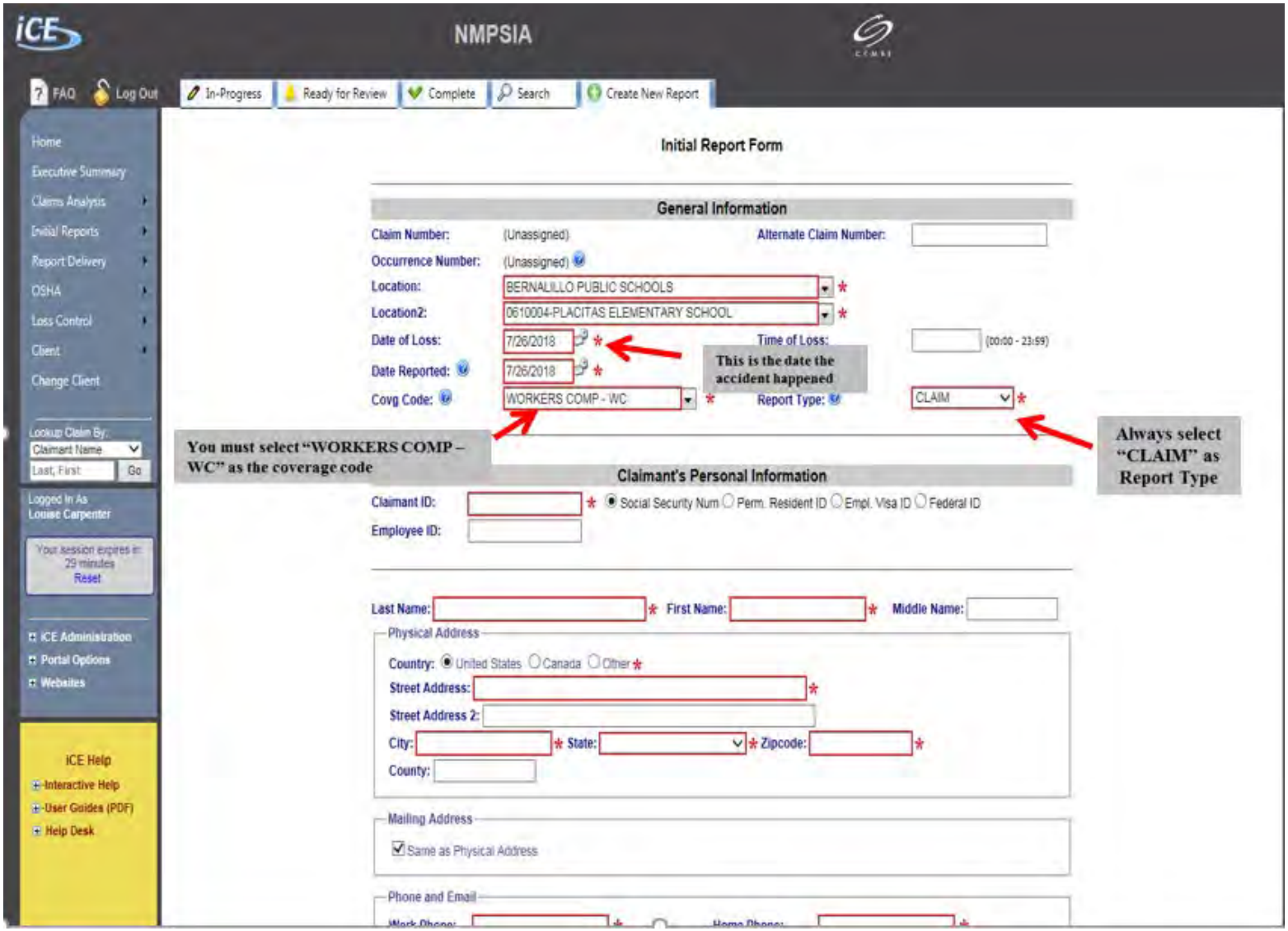
Workers' Compensation



New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation



New Mexico Public Schools Insurance Authority

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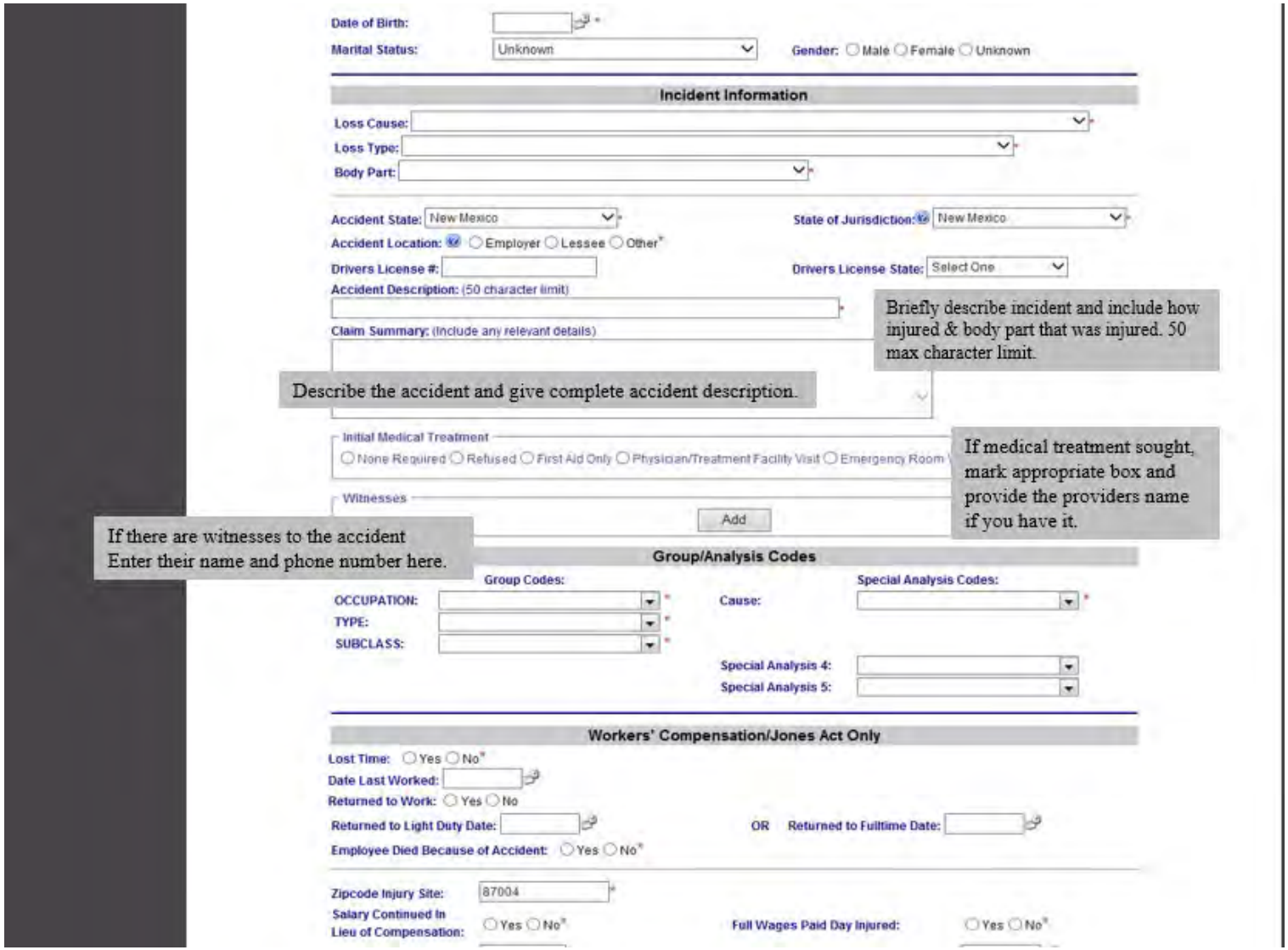
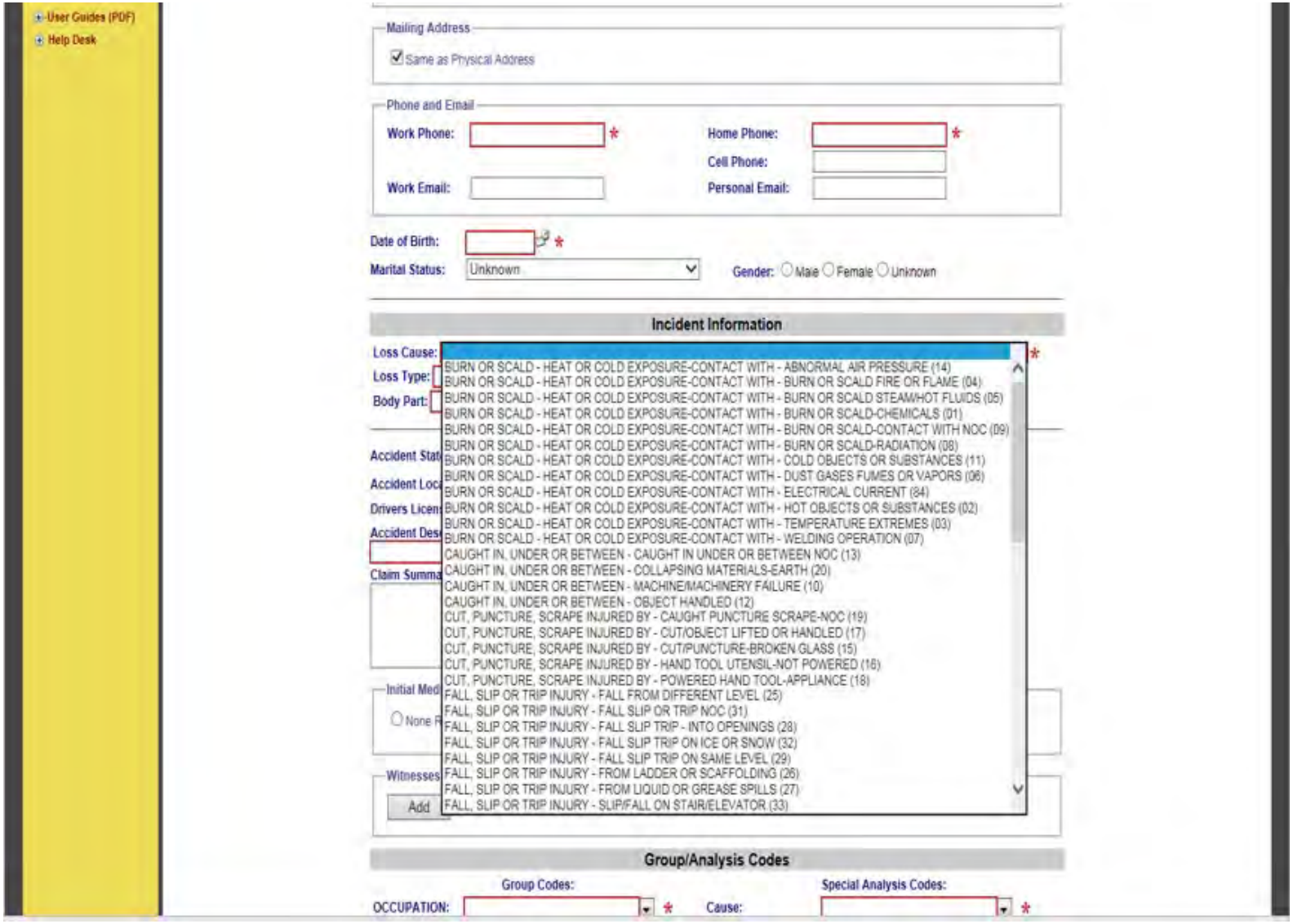
Workers' Compensation



New Mexico Public Schools Insurance Authority

CCMSI

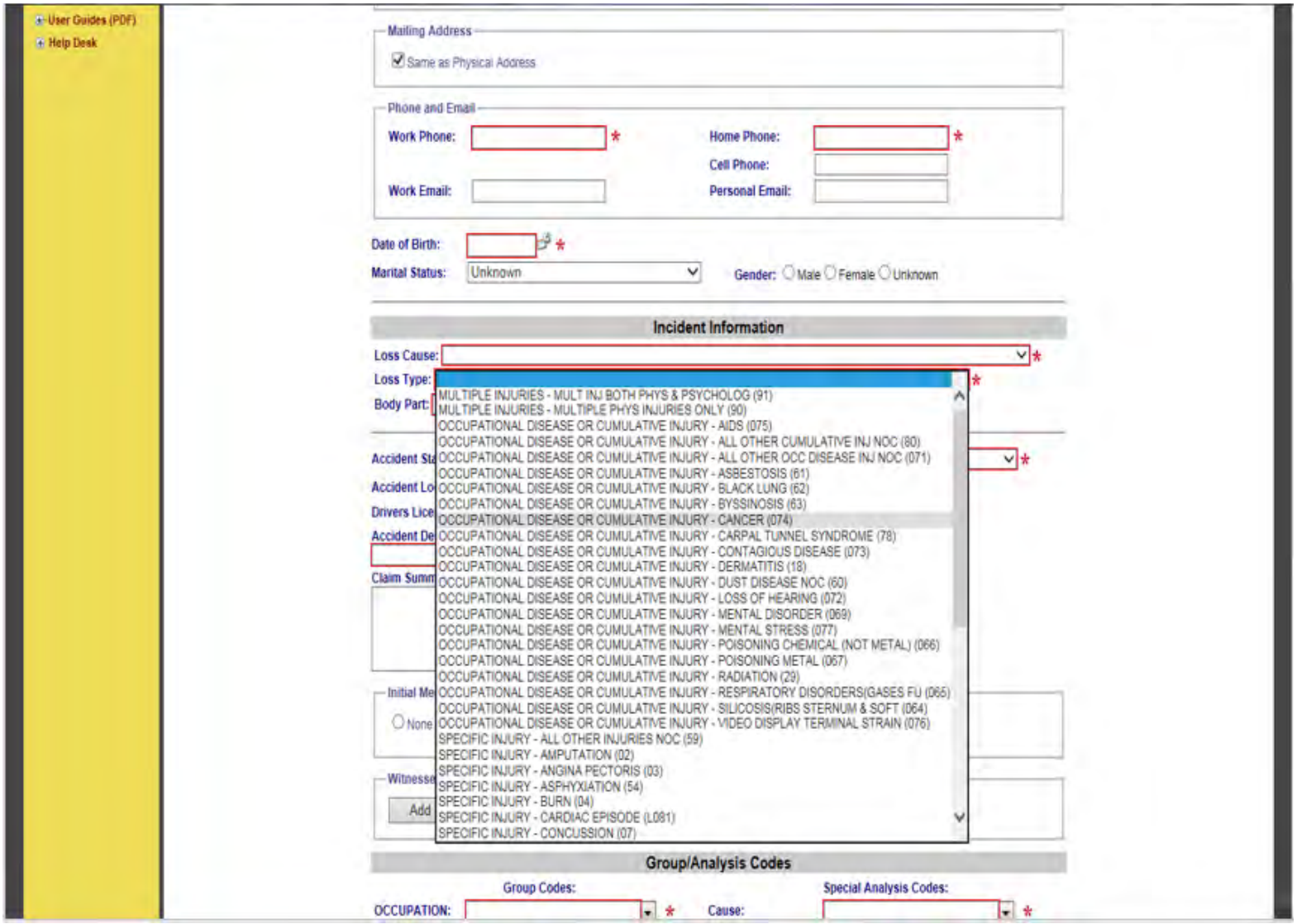
Workers' Compensation



New Mexico Public Schools Insurance Authority

CCMSI

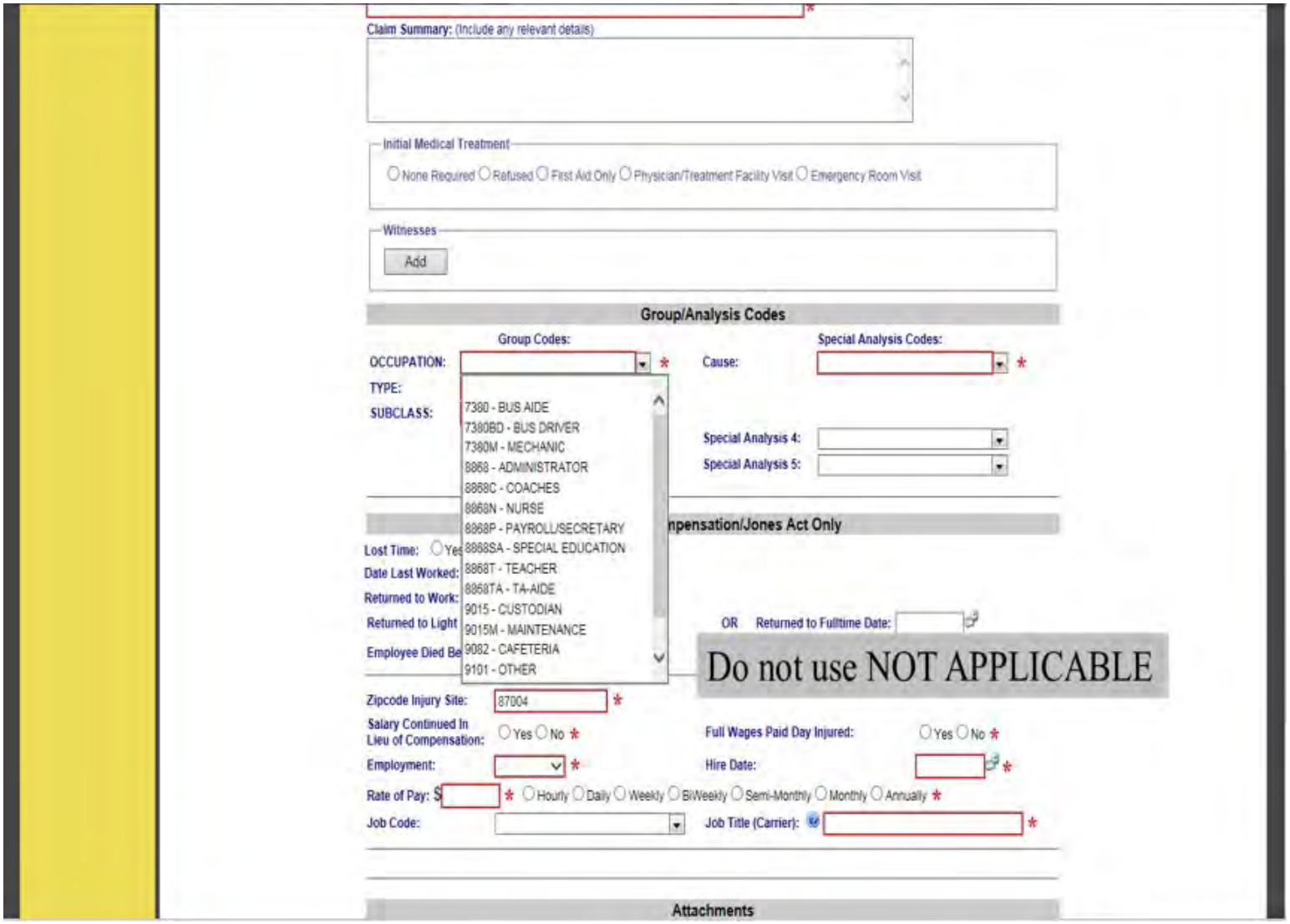
Workers' Compensation



New Mexico Public Schools Insurance Authority

CCMSI

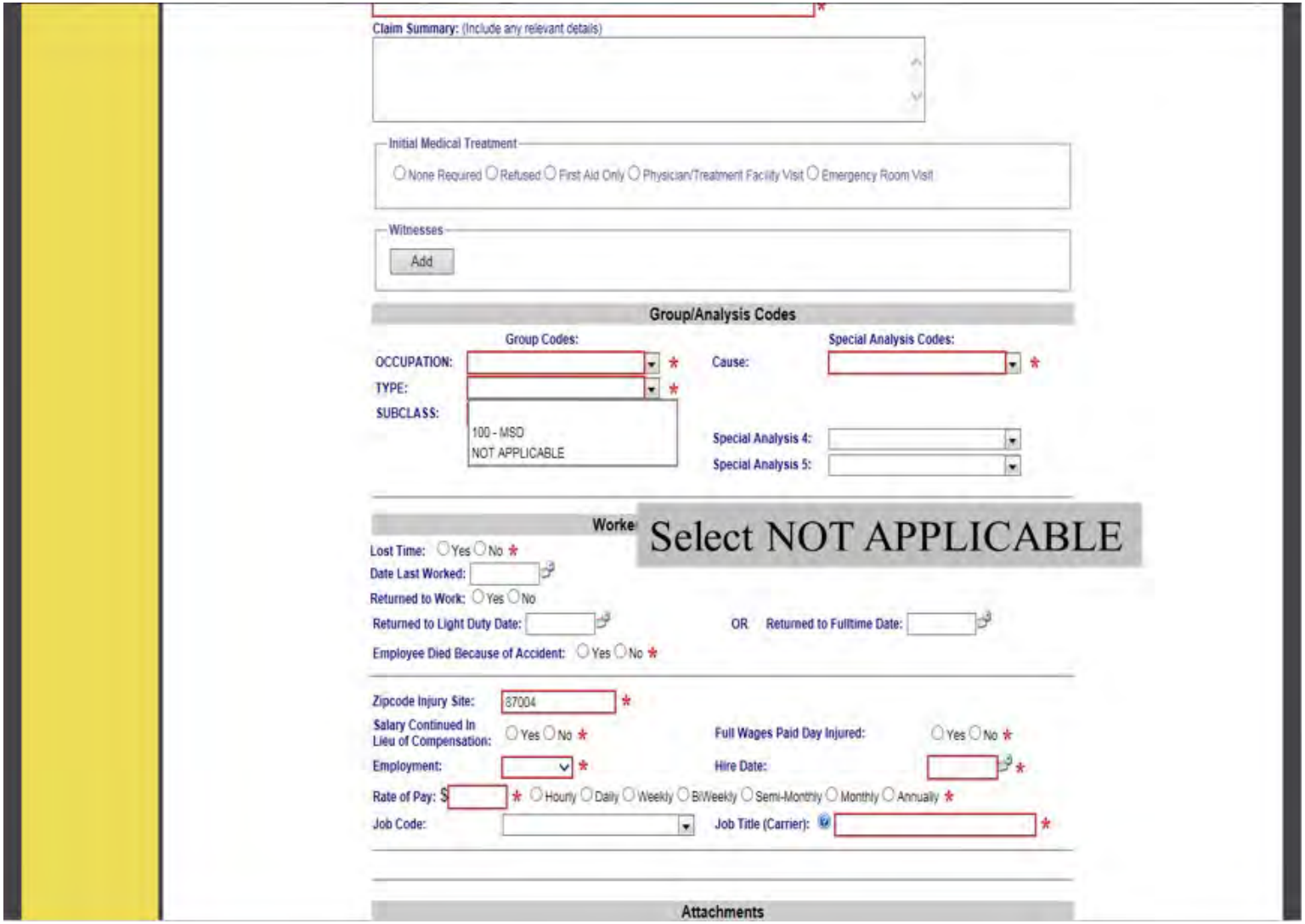
Workers' Compensation



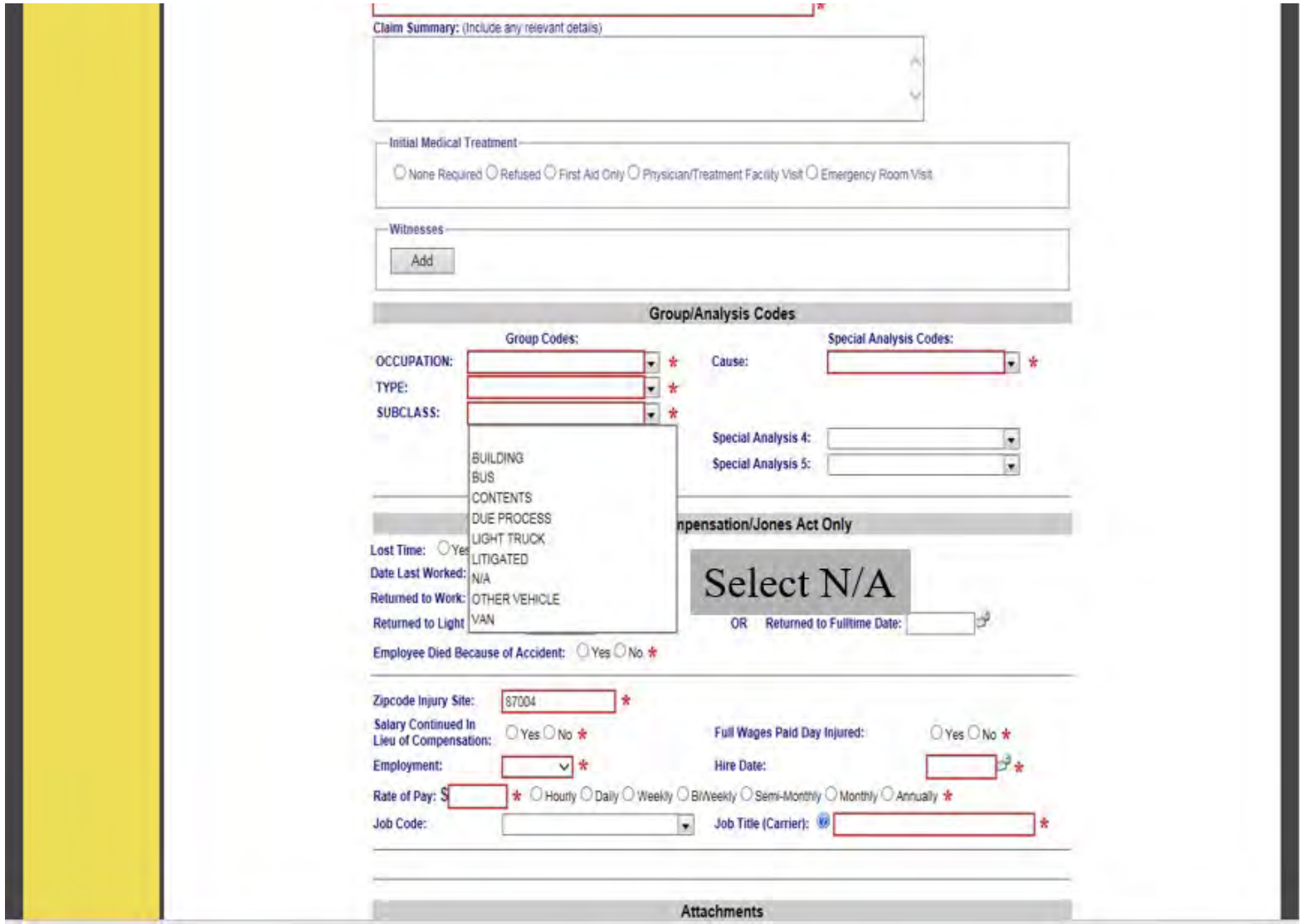
New Mexico Public Schools Insurance Authority

CCMSI

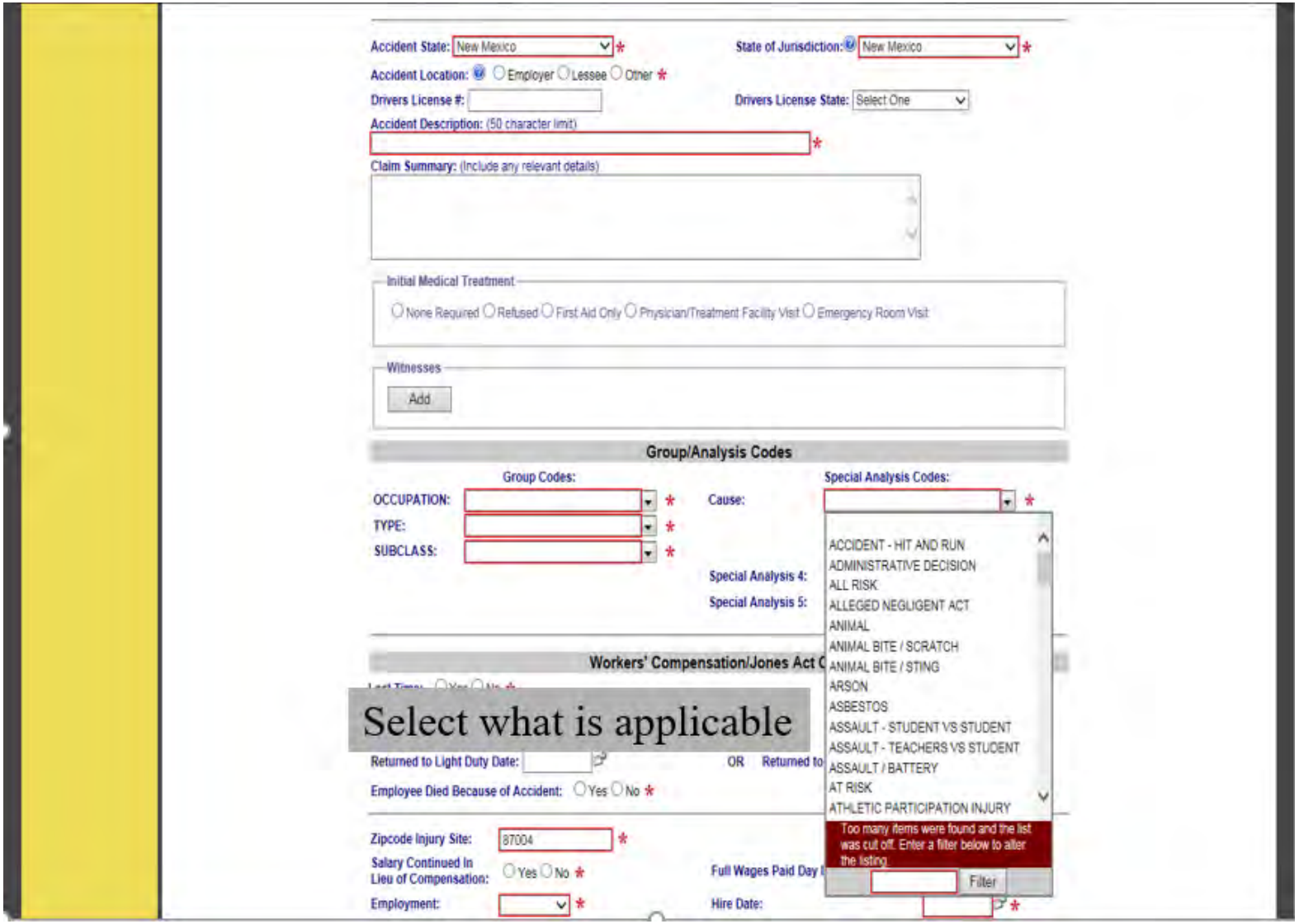
Workers' Compensation



Workers' Compensation



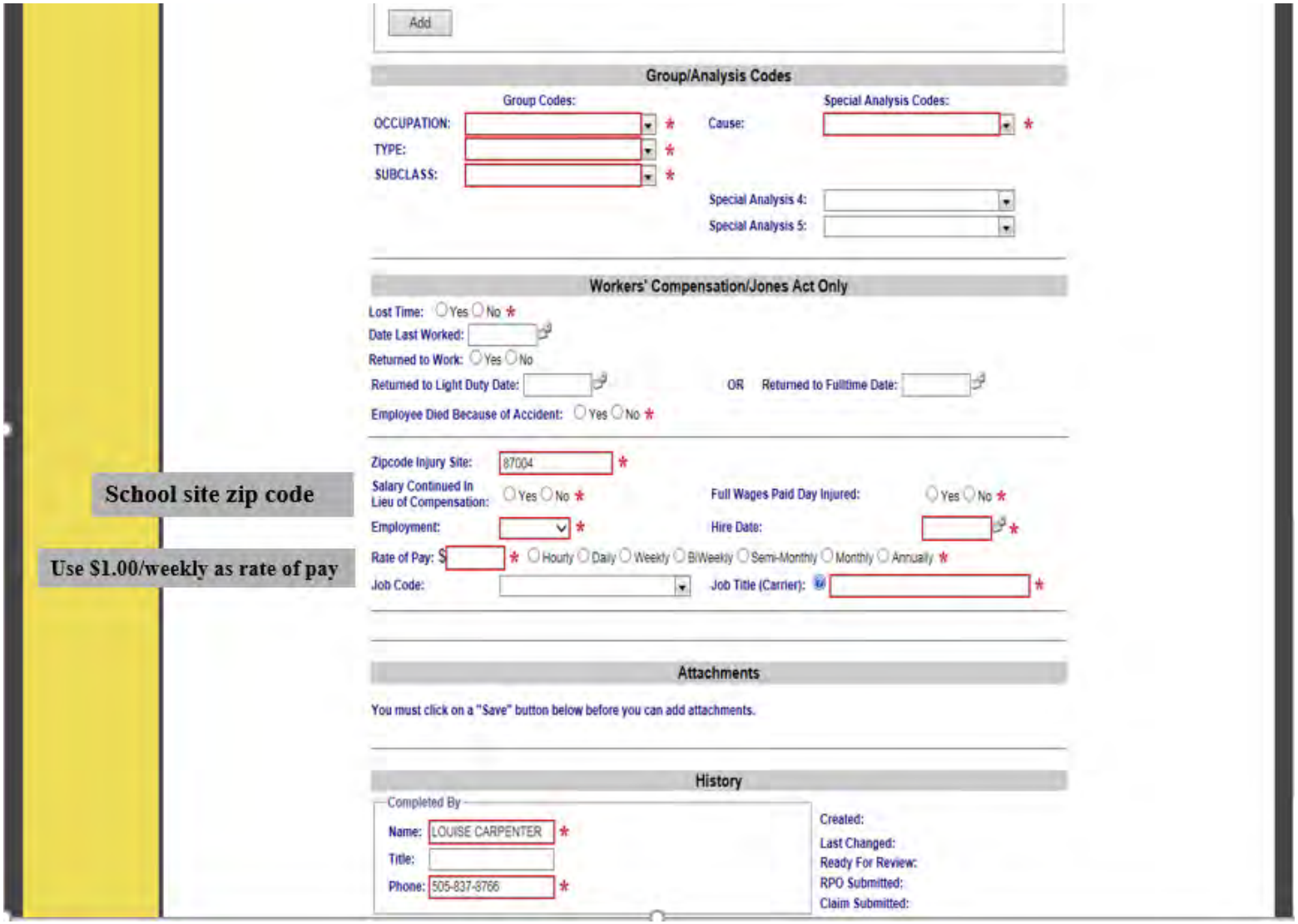
Workers' Compensation



New Mexico Public Schools Insurance Authority

CCMSI

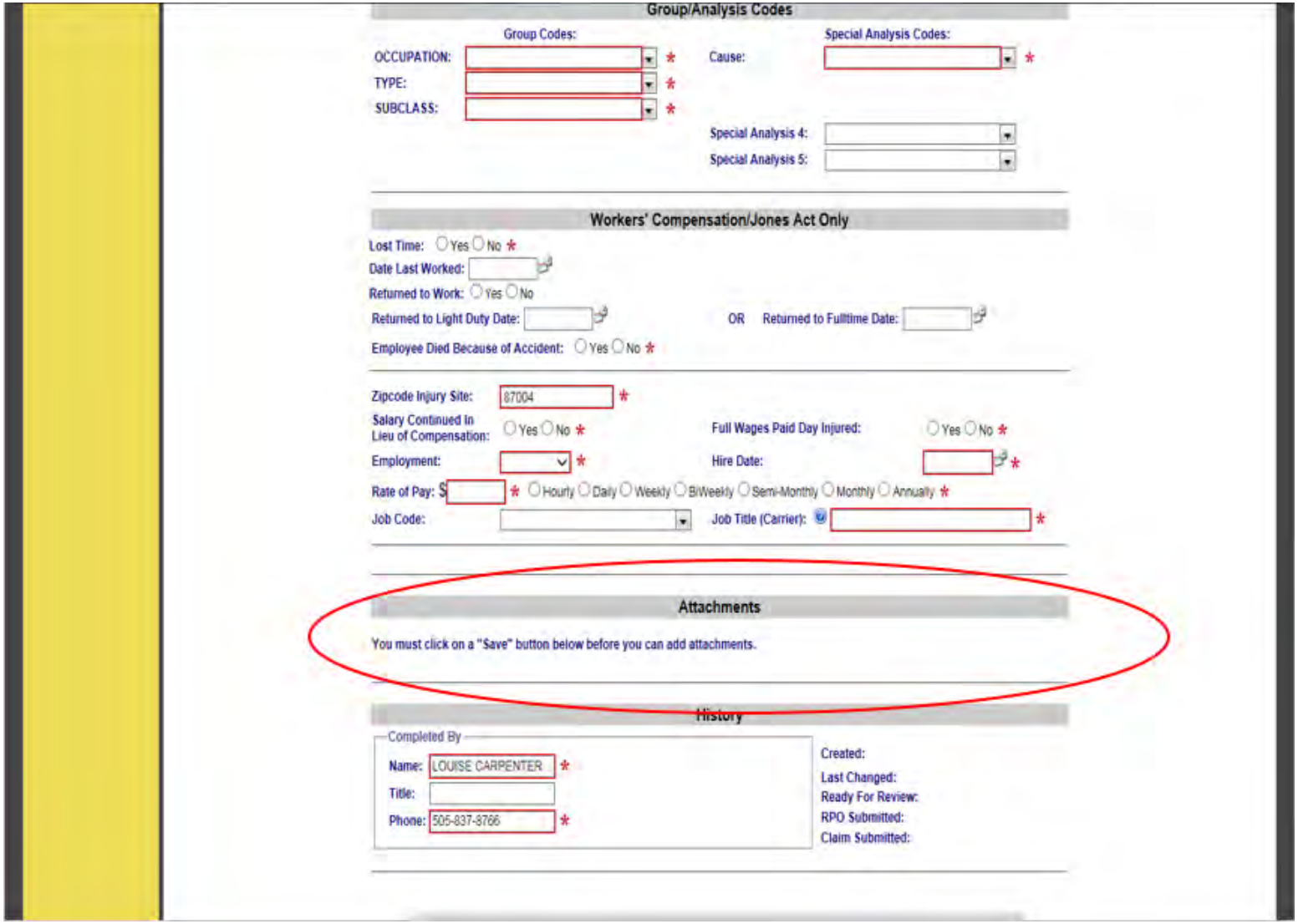
Workers' Compensation



New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation



New Mexico Public Schools Insurance Authority

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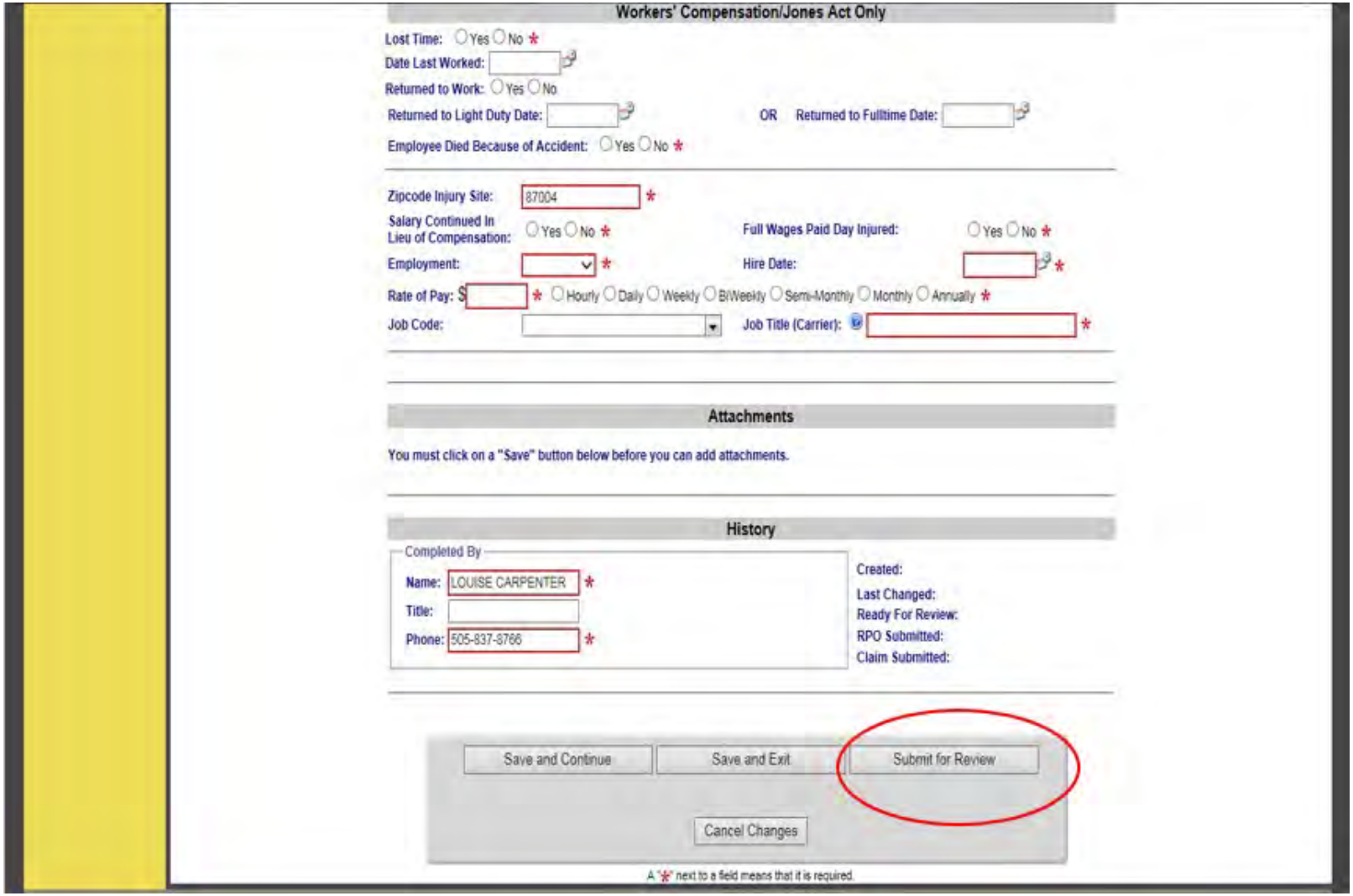
Workers' Compensation



New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation

What is the difference in report status?

Report Only is a report that stays in the clients ICE system and hasn't been submitted to CCMSI. NMPSIA wants ALL claims submitted to CCMSI. Please do not keep RPO claims in your system, submit the claim.

Incident Only is a claim that has been submitted to CCMSI and is like a Report Only because the worker has **not** sought medical treatment.

Medical Only is a claim that has been submitted to CCMSI and has been activated to a Medical Only Adjuster because the worker is receiving medical treatment but has **not** been disabled more than the 7-day waiting period.

Lost Time is a claim that has been submitted to CCMSI and has been activated to a Lost Time Adjuster because the worker is receiving medical treatment and has been disabled more than the 7-day waiting period.

New Mexico Public Schools Insurance Authority

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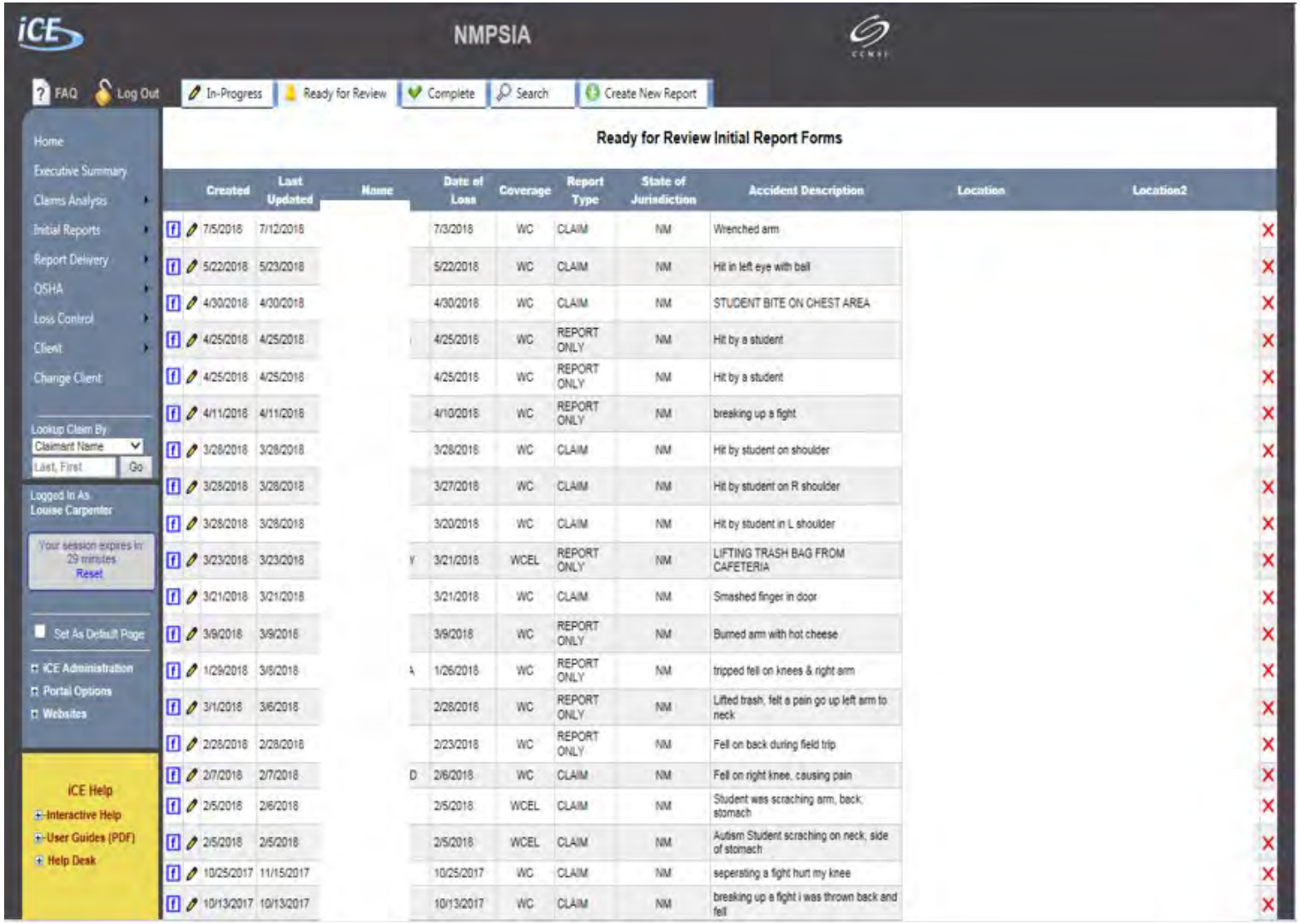
Workers' Compensation

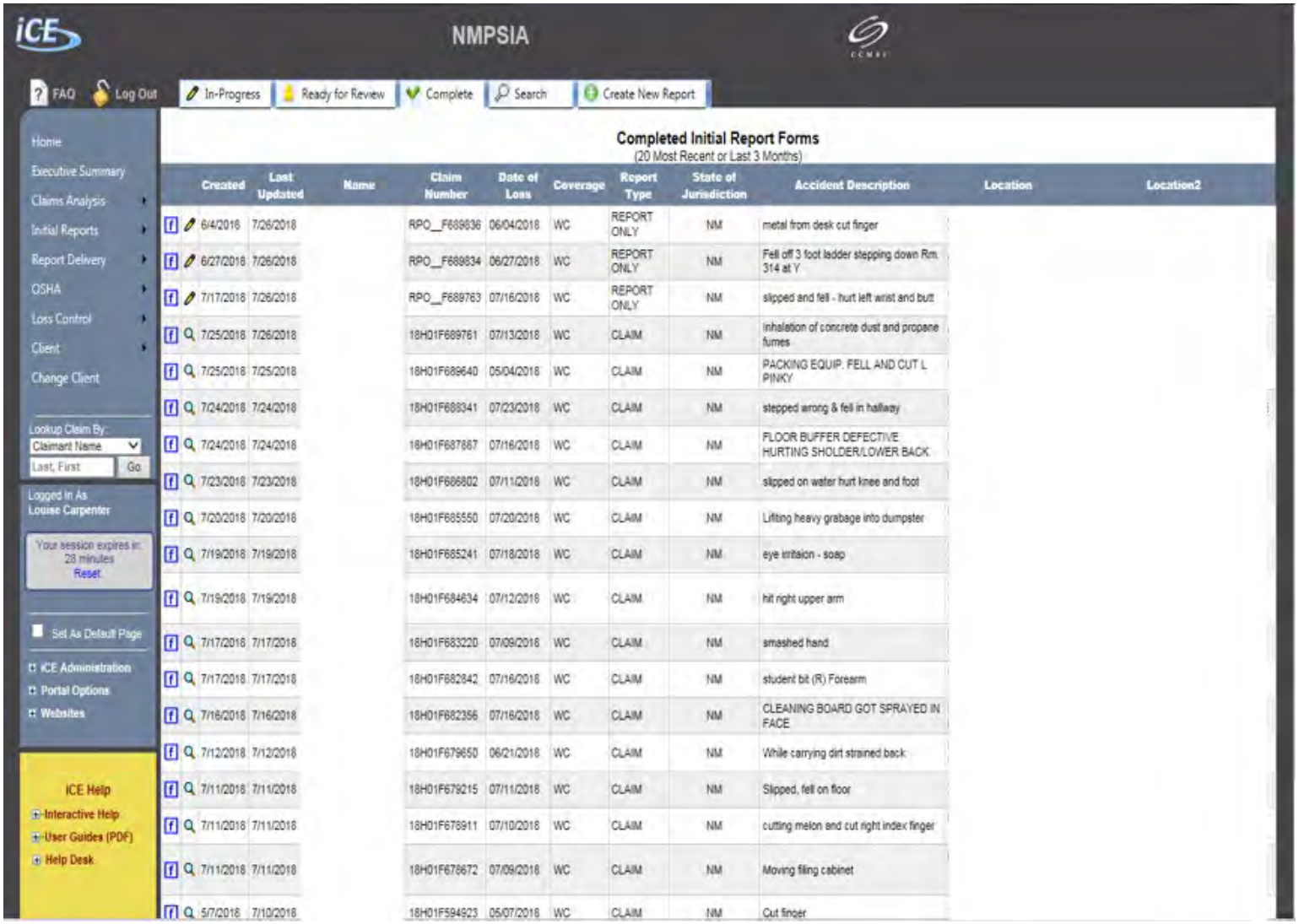


Created	Last Updated	Name	Date of Loss	Coverage	Report Type	State of Jurisdiction	Accident Description	Location	Location2
7/5/2018	7/12/2018		7/3/2018	WC	CLAIM	NM	Wrenched arm		
5/22/2018	5/23/2018		5/22/2018	WC	CLAIM	NM	Hit in left eye with ball		
4/30/2018	4/30/2018		4/30/2018	WC	CLAIM	NM	STUDENT BITE ON CHEST AREA		
4/25/2018	4/25/2018		4/25/2018	WC	REPORT ONLY	NM	Hit by a student		
4/25/2018	4/25/2018		4/25/2018	WC	REPORT ONLY	NM	Hit by a student		
4/11/2018	4/11/2018		4/10/2018	WC	REPORT ONLY	NM	breaking up a fight		
3/28/2018	3/28/2018		3/28/2018	WC	CLAIM	NM	Hit by student on shoulder		
3/28/2018	3/28/2018		3/27/2018	WC	CLAIM	NM	Hit by student on R shoulder		
3/28/2018	3/28/2018		3/20/2018	WC	CLAIM	NM	Hit by student in L shoulder		
3/23/2018	3/23/2018		3/21/2018	WCEL	REPORT ONLY	NM	LIFTING TRASH BAG FROM CAFETERIA		
3/21/2018	3/21/2018		3/21/2018	WC	CLAIM	NM	Smashed finger in door		
3/9/2018	3/9/2018		3/9/2018	WC	REPORT ONLY	NM	Burned arm with hot cheese		
1/29/2018	3/6/2018		1/26/2018	WC	REPORT ONLY	NM	tripped fell on knees & right arm		
3/1/2018	3/6/2018		2/28/2018	WC	REPORT ONLY	NM	Lifted trash, felt a pain go up left arm to neck		
2/28/2018	2/28/2018		2/23/2018	WC	REPORT ONLY	NM	Fell on back during field trip		
2/7/2018	2/7/2018		2/6/2018	WC	CLAIM	NM	Fell on right knee, causing pain		
2/5/2018	2/6/2018		2/5/2018	WCEL	CLAIM	NM	Student was scraching arm, back, stomach		
2/5/2018	2/5/2018		2/5/2018	WCEL	CLAIM	NM	Autism Student scraching on neck, side of stomach		
10/25/2017	11/15/2017		10/25/2017	WC	CLAIM	NM	sepersting a fight hurt my knee		
10/13/2017	10/13/2017		10/13/2017	WC	CLAIM	NM	breaking up a fight i was thrown back and fell		

New Mexico Public Schools Insurance Authority

CCMSI

Workers' Compensation



Completed Initial Report Forms
(20 Most Recent or Last 3 Months)

Created	Last Updated	Name	Claim Number	Date of Loss	Coverage	Report Type	State of Jurisdiction	Accident Description	Location	Location2
6/4/2018	7/26/2018		RPO__F689636	06/04/2018	WC	REPORT ONLY	NM	metal from desk cut finger		
6/27/2018	7/26/2018		RPO__F689834	06/27/2018	WC	REPORT ONLY	NM	Fell off 3 foot ladder stepping down Rm. 314 at Y		
7/17/2018	7/26/2018		RPO__F689763	07/16/2018	WC	REPORT ONLY	NM	slipped and fell - hurt left wrist and butt		
7/25/2018	7/26/2018		18H01F689761	07/13/2018	WC	CLAIM	NM	inhalation of concrete dust and propane fumes		
7/25/2018	7/25/2018		18H01F689640	05/04/2018	WC	CLAIM	NM	PACKING EQUIP. FELL AND CUT L PINKY		
7/24/2018	7/24/2018		18H01F688341	07/23/2018	WC	CLAIM	NM	stepped wrong & fell in hallway		
7/24/2018	7/24/2018		18H01F687887	07/16/2018	WC	CLAIM	NM	FLOOR BUFFER DEFECTIVE HURTING SHOLDER/LOWER BACK		
7/23/2018	7/23/2018		18H01F686802	07/11/2018	WC	CLAIM	NM	slipped on water hurt knee and foot		
7/20/2018	7/20/2018		18H01F685550	07/20/2018	WC	CLAIM	NM	Lifting heavy grabage into dumpster		
7/19/2018	7/19/2018		18H01F685241	07/18/2018	WC	CLAIM	NM	eye irritaion - soap		
7/19/2018	7/19/2018		18H01F684634	07/12/2018	WC	CLAIM	NM	hit right upper arm		
7/17/2016	7/17/2018		18H01F683220	07/09/2016	WC	CLAIM	NM	smashed hand		
7/17/2018	7/17/2018		18H01F682842	07/16/2018	WC	CLAIM	NM	student bit (R) Forearm		
7/16/2018	7/16/2018		18H01F682356	07/16/2018	WC	CLAIM	NM	CLEANING BOARD GOT SPRAYED IN FACE		
7/12/2018	7/12/2018		18H01F679650	06/21/2018	WC	CLAIM	NM	While carrying dirt strained back		
7/11/2018	7/11/2018		18H01F679215	07/11/2018	WC	CLAIM	NM	Slipped, fell on floor		
7/11/2018	7/11/2018		18H01F678911	07/10/2018	WC	CLAIM	NM	cutting melon and cut right index finger		
7/11/2018	7/11/2018		18H01F678672	07/09/2018	WC	CLAIM	NM	Moving filing cabinet		
5/7/2018	7/10/2018		18H01F594923	05/07/2018	WC	CLAIM	NM	Cut finger		

New Mexico Public Schools Insurance Authority

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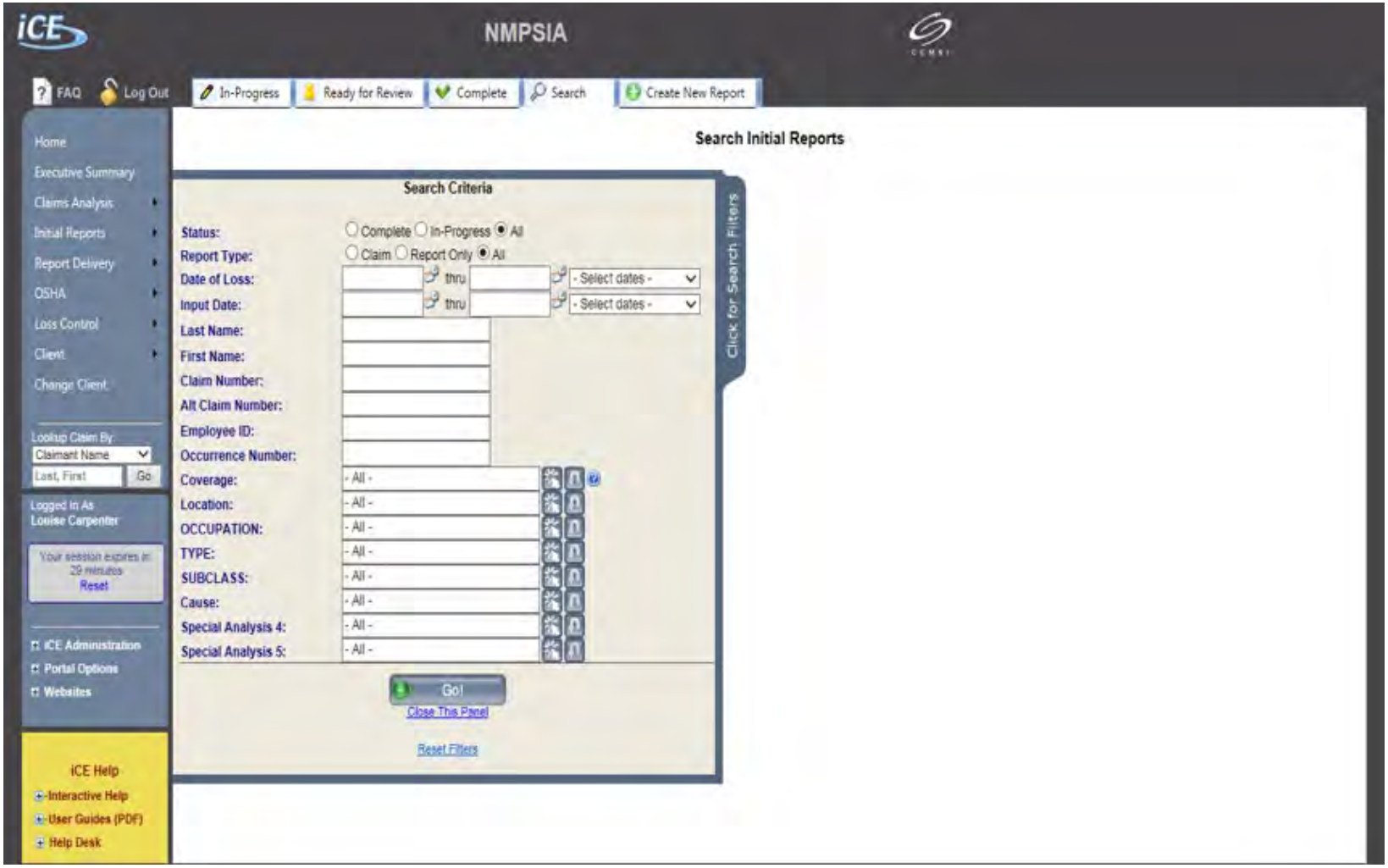
Workers' Compensation



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Workers' Compensation

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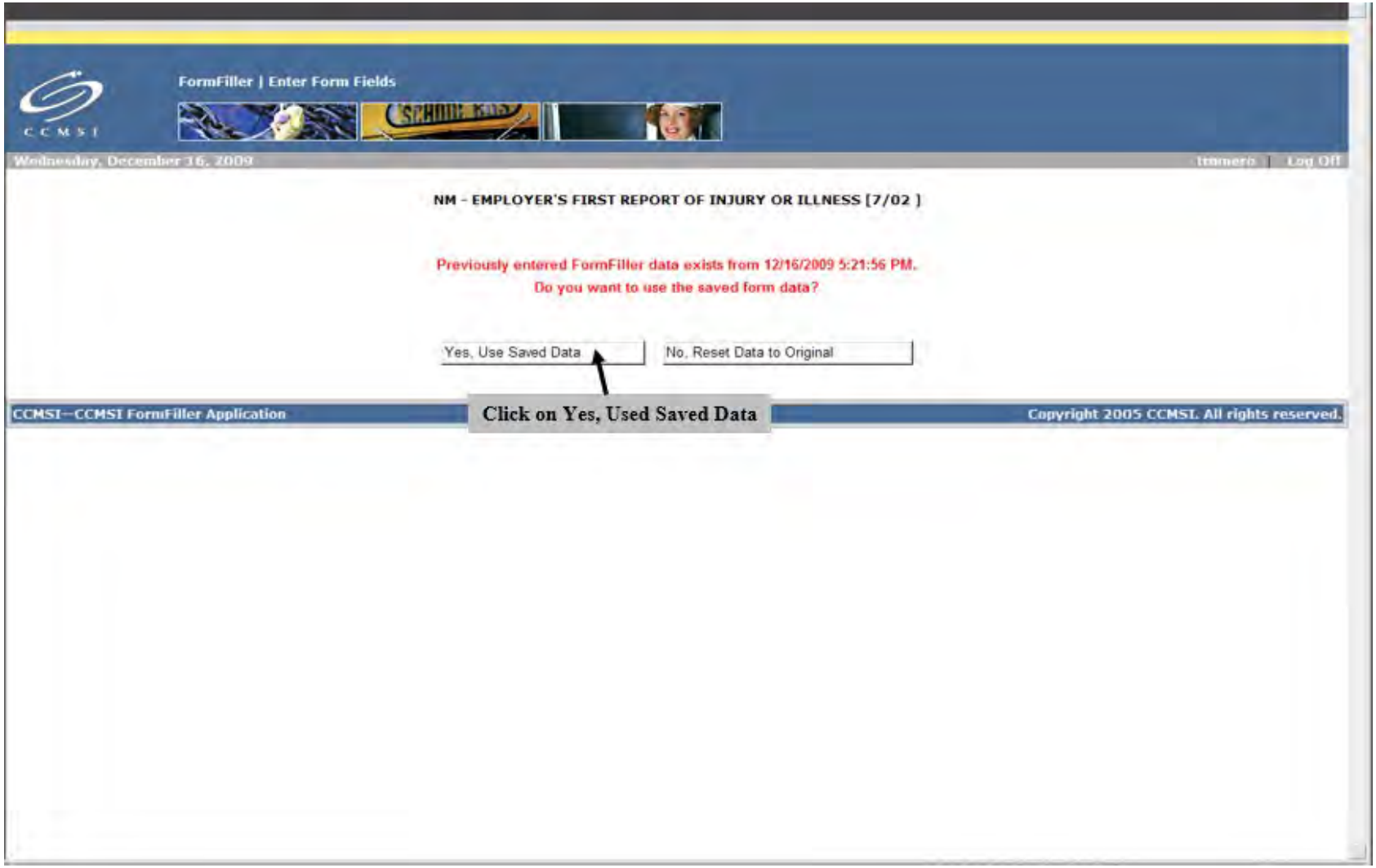
Workers' Compensation



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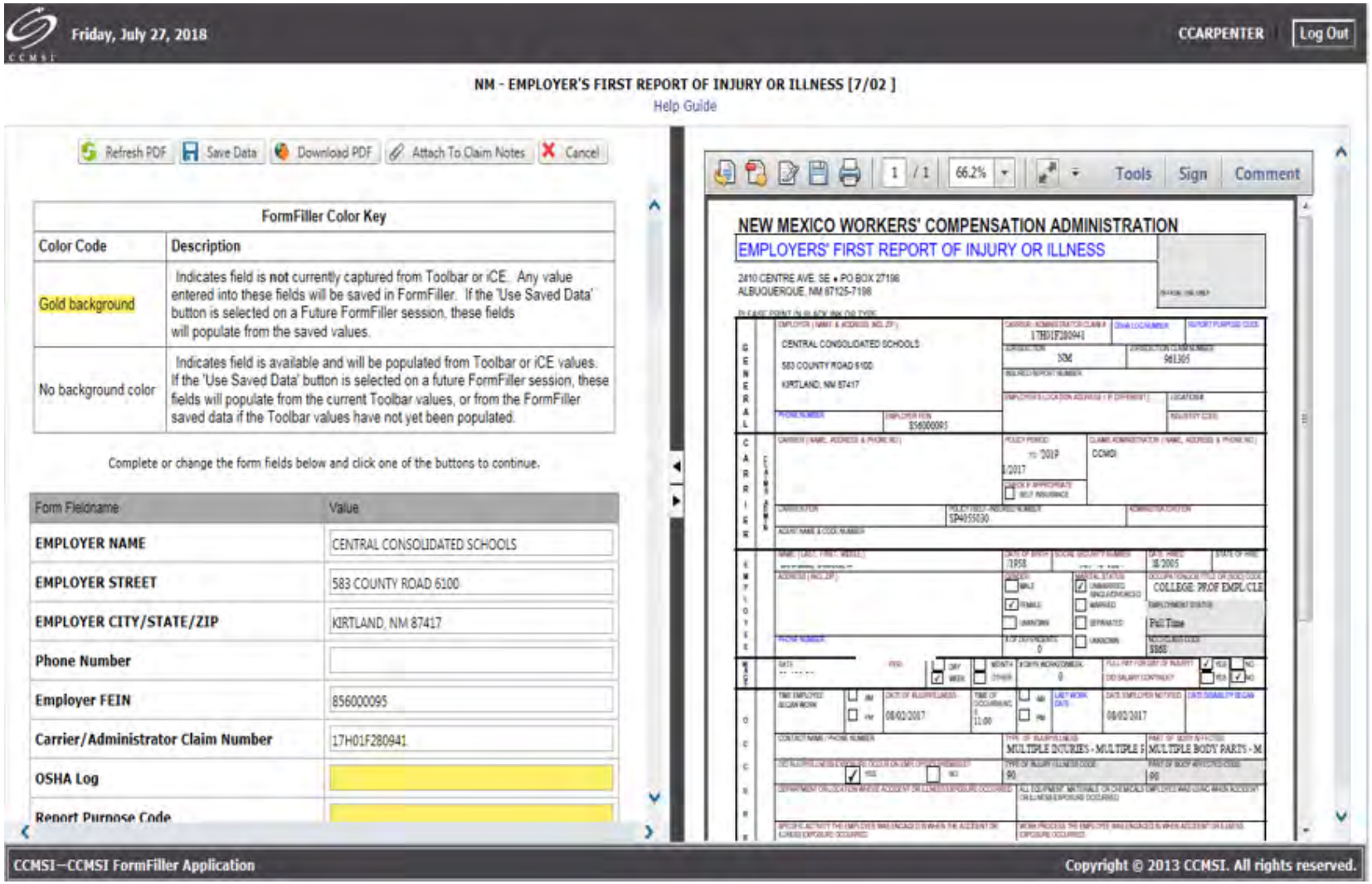
Workers' Compensation



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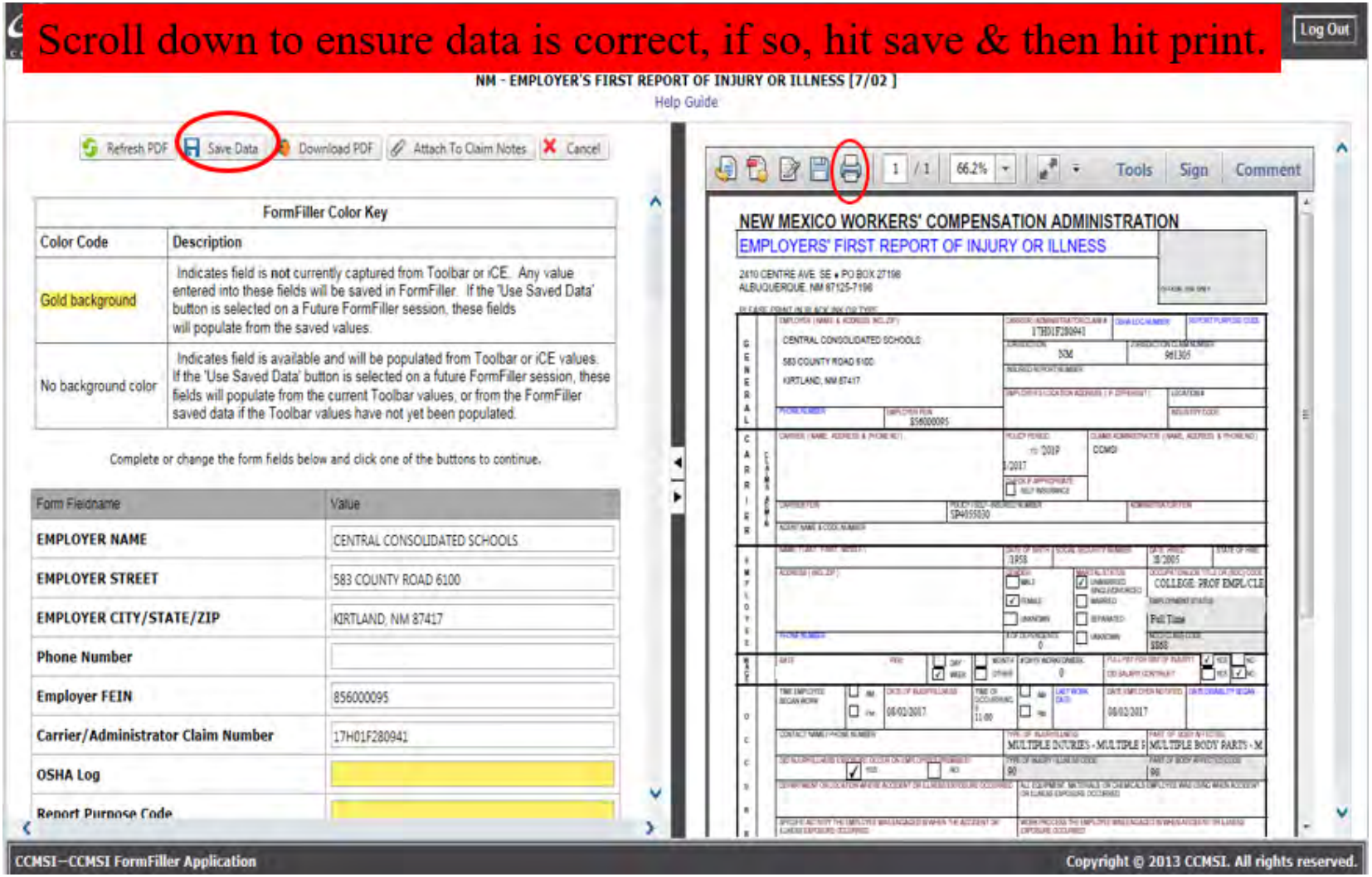

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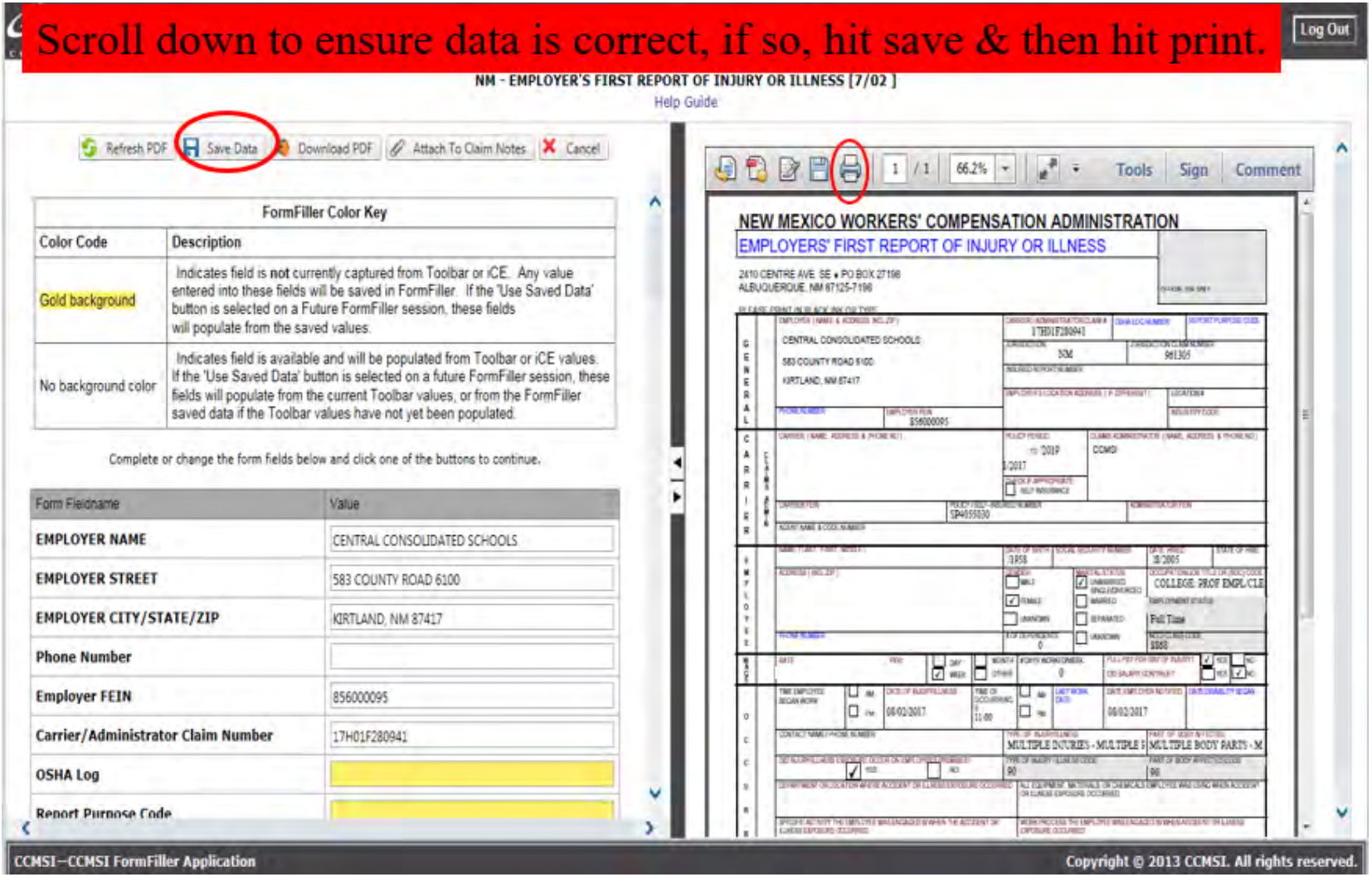

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Workers' Compensation

If you get **locked out** of the system
Please contact our help desk at

1-888-578-5555 x8062

Have your ID ready so they can reset your password.

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NMPSIA Rules & Regulations

6.50.14.8 WORKERS' COMPENSATION CLAIM POLICY: All school districts, charter schools, other educational entities and any other entities participating in the authority's workers' compensation coverages shall adopt a workers' compensation claim policy for its employees substantially in the form as set forth in Subsections A through I of 6.50.14.9 NMAC, selecting one of two options available for the selection of health care providers, for use of sick leave and for payment of insurance premiums while an employee is disabled from work. The form policy is also downloadable from the authority's website at: https://nmpsia.com and will be updated from time to time. [6.50.14.8 NMAC - Rp, 6 NMAC 50.14.8, 09/01/2014]

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Workers' Compensation

Claims Workbook:

General information about reporting, investigating and managing Workers' Compensation Claims can be found in the

Workers' Compensation and Property & Liability Claims Workbook (fillable PDF)

Workers' Compensation Forms & Documents

Forms

Sample Workers' Compensation Policy Options

- Workers' Compensation Policy Option 1
- Workers' Compensation Policy Option 2
- Workers' Compensation Policy Option 3
- Workers' Compensation Policy Option 4

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Workers' Compensation

EXAMPLE WORKERS' COMPENSATION POLICY – OPTION 4

- Worker Selects Initial Health Care Provider;
- Injured Worker may use Leave (Sick, Vacation, or PTO) until Accumulated Leave has been Exhausted;
- Injured Worker is allowed to have their Portion of Insurance Premiums, Retirement Contributions, etc., deducted from Payments of their Accumulated Leave until the Accumulated Leave has been Exhausted.

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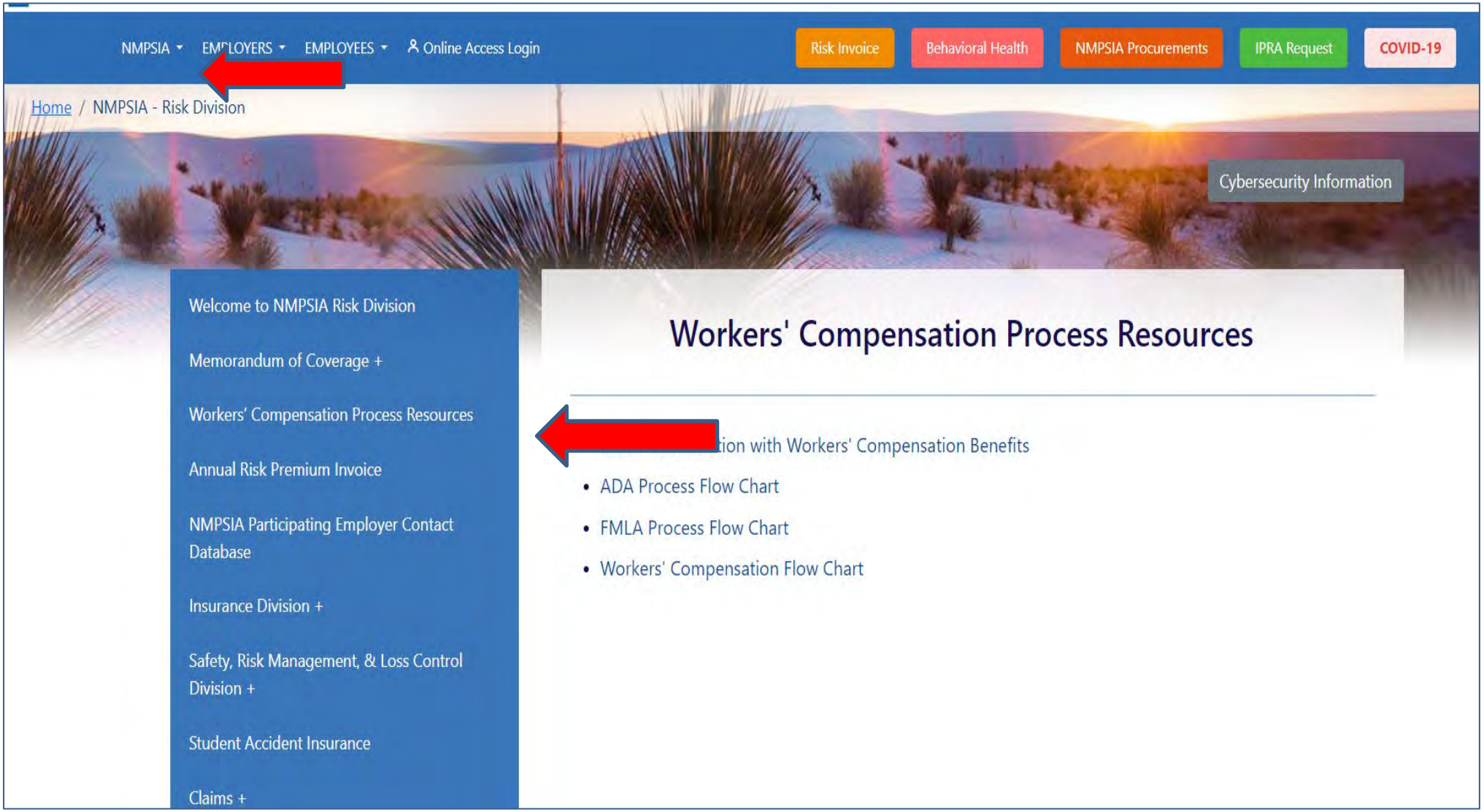

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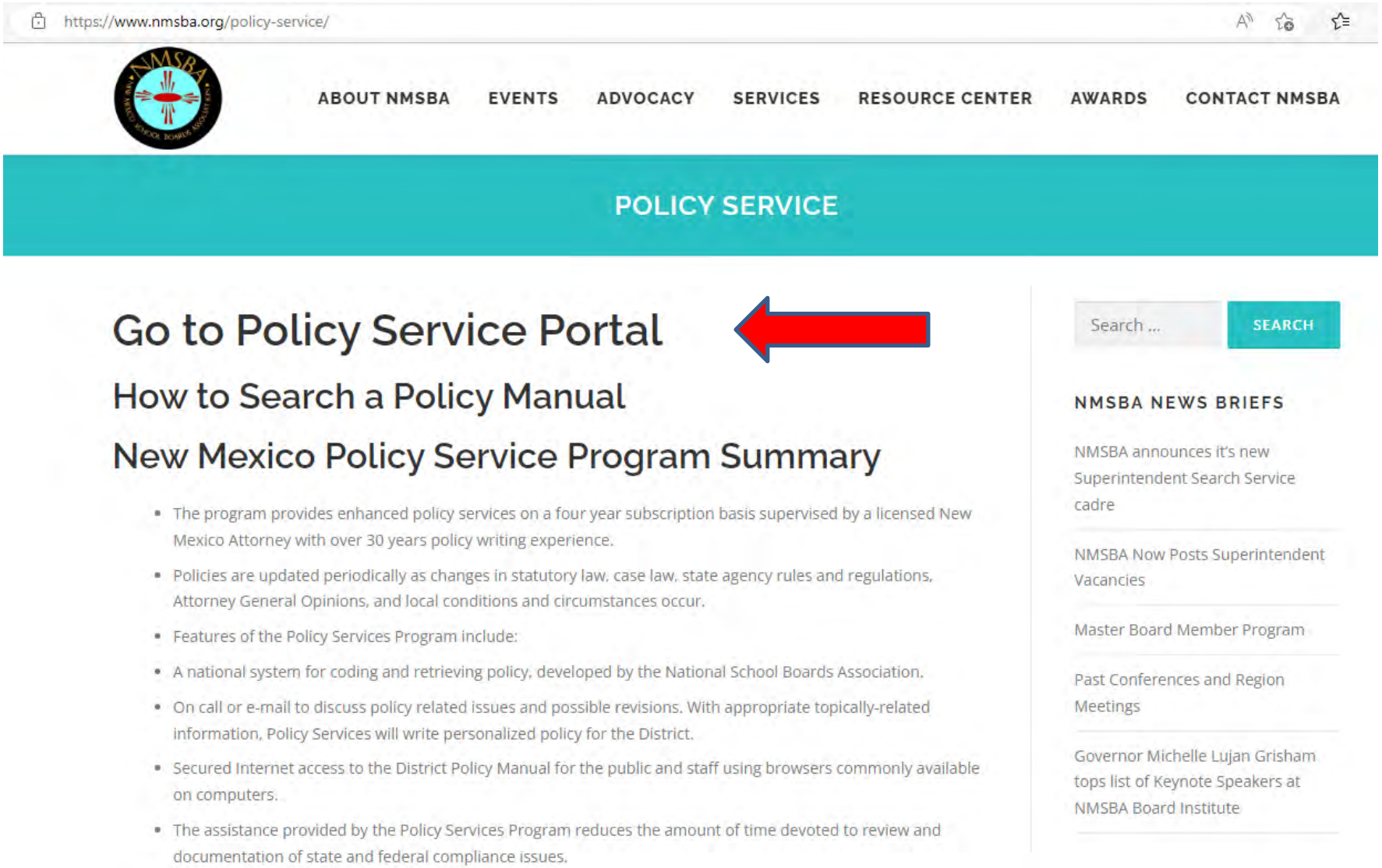

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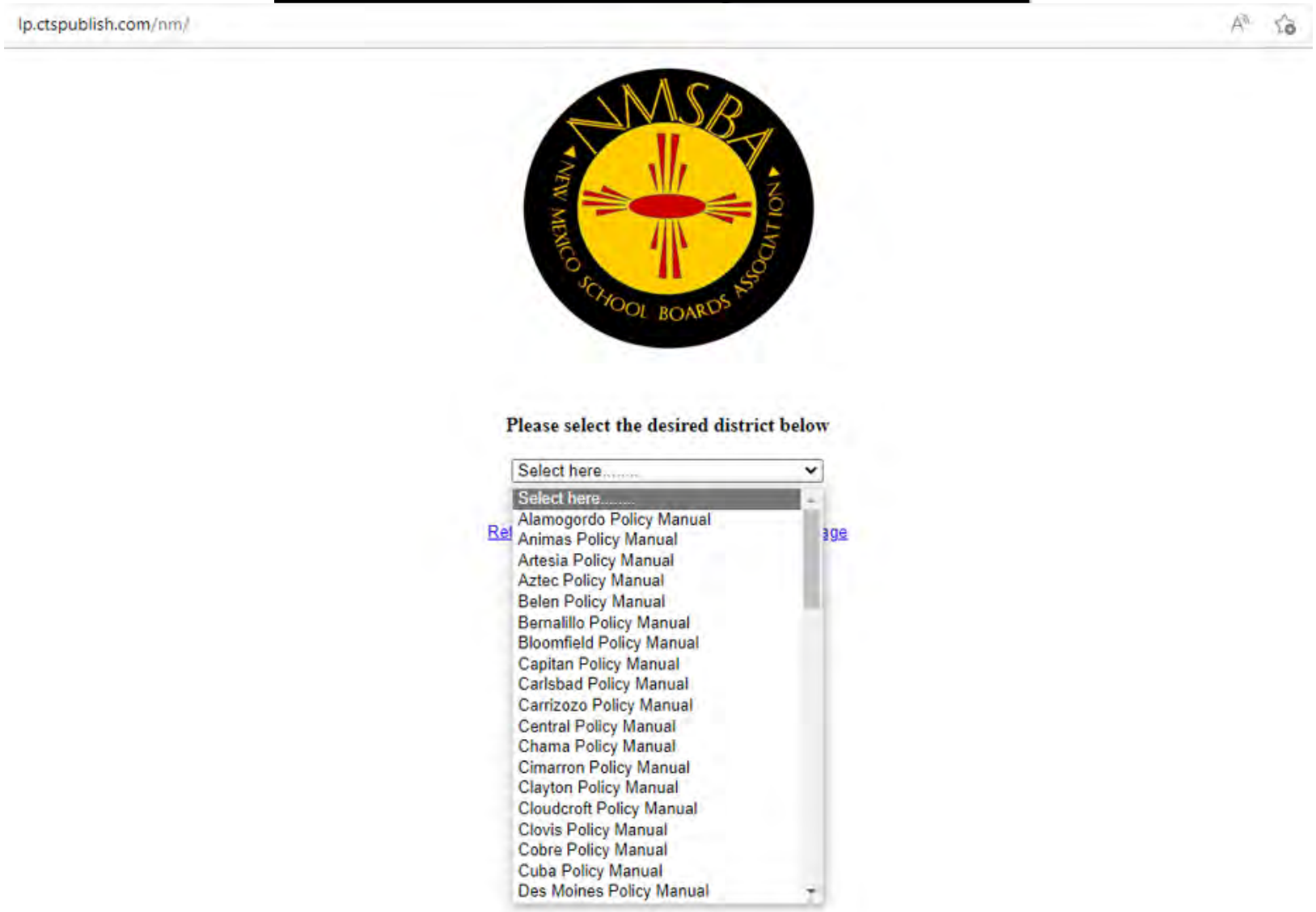

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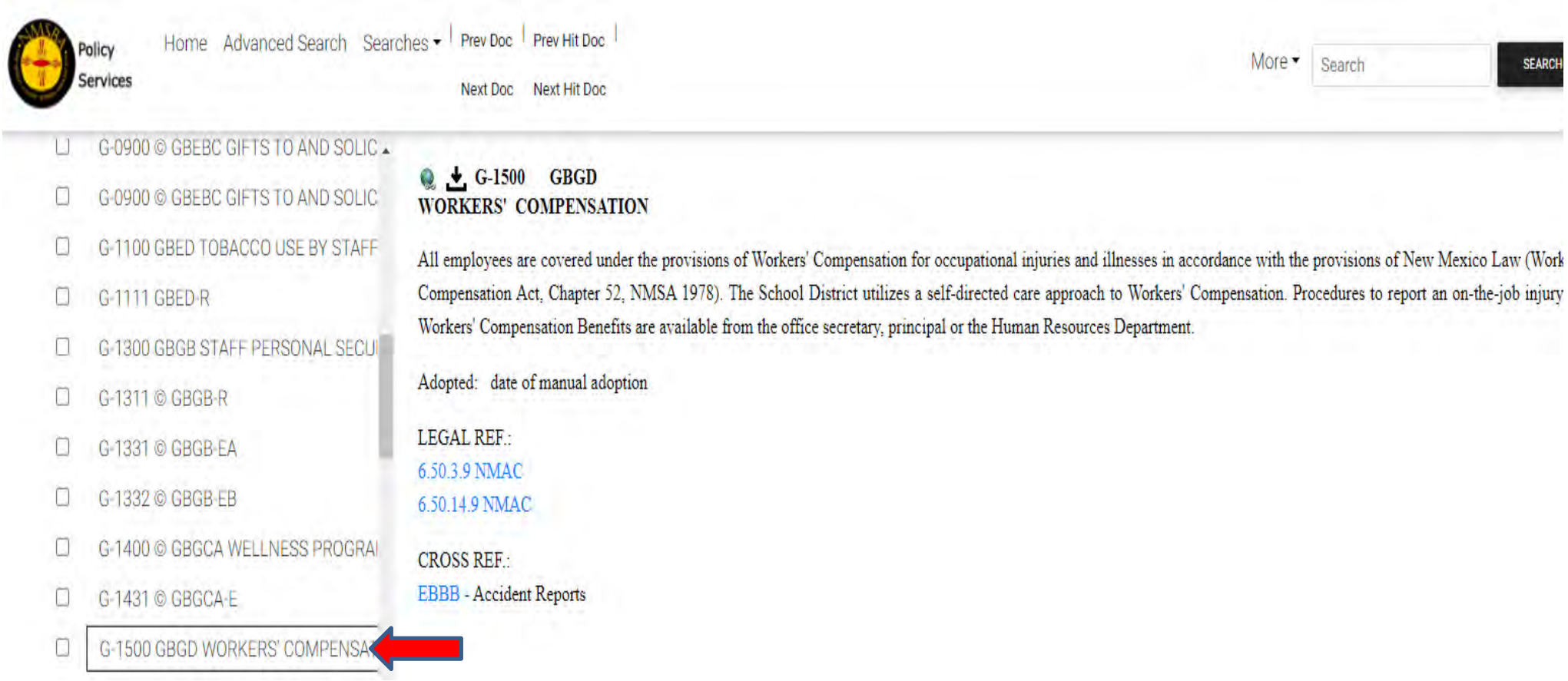

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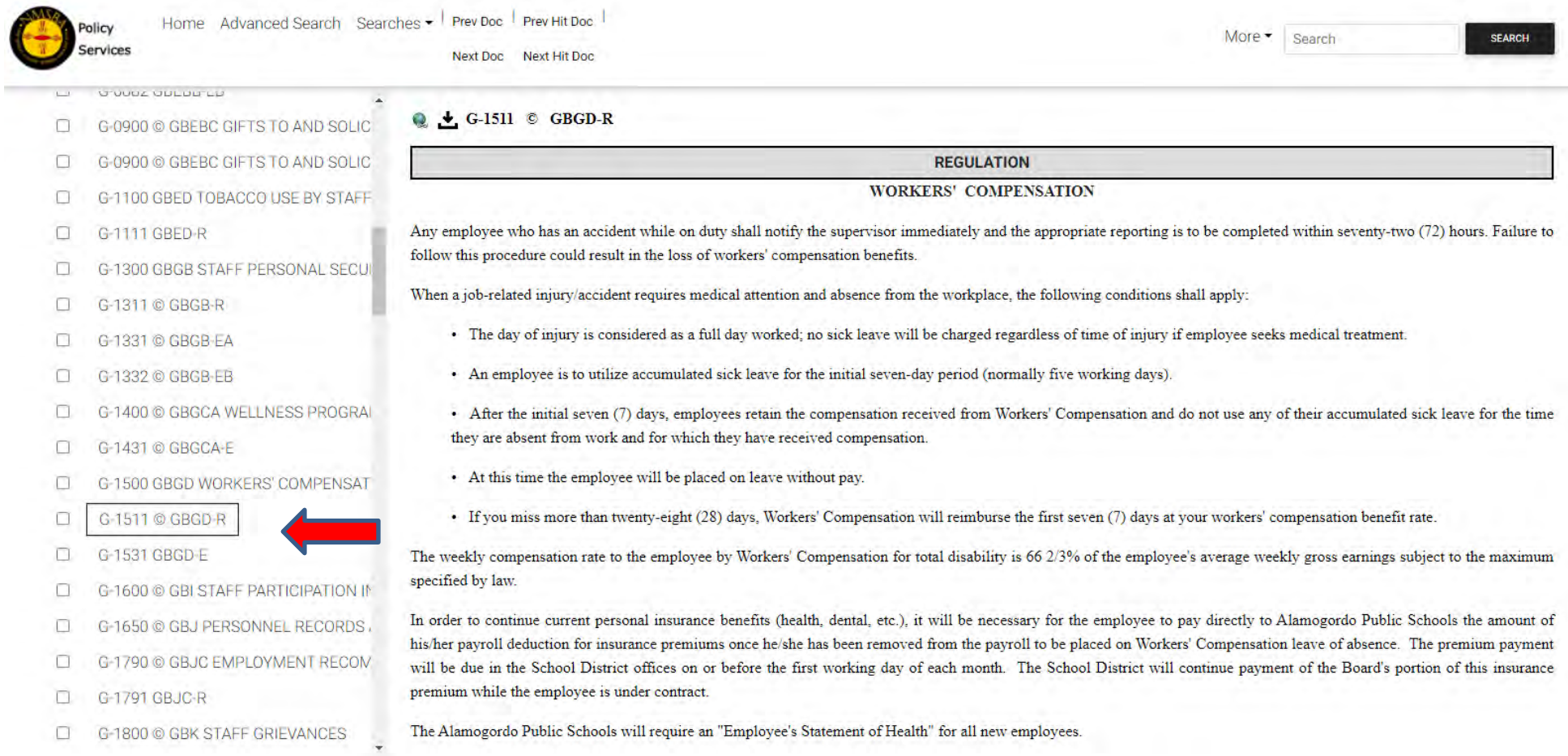

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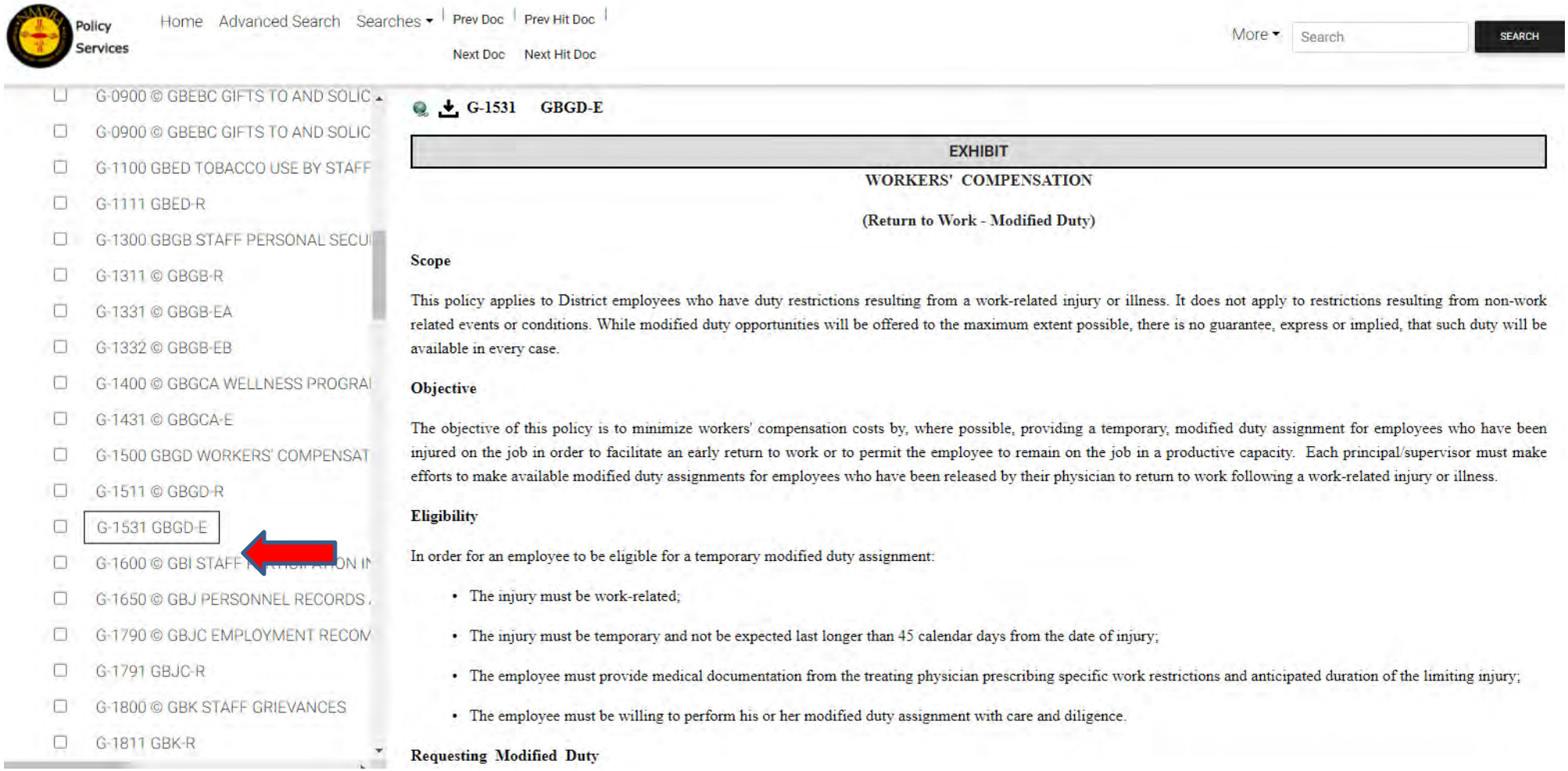

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Workers' Compensation

WHY WELLNESS?

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NMPSIA Wellness

WHY WELLNESS?

Top 5 Reasons Why Wellness is a Priority:

1) Prevention and early detection of chronic diseases

2) Promotes Safety- Reduces Overall Costs of Worker's Compensation claims

3) Creates High Performing Employees, Improves Productivity

4) Increased Personal Responsibility Improves unhealthy behaviors

5) Stabilizes Insurances Costs!

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NMPSIA Wellness

New Mexico Public Schools Insurance Authority

NMPSIA Wellness

New Mexico Public Schools Insurance Authority

NMPSIA Wellness

BlueCross BlueShield of New Mexico

Organizations with supportive leadership are **4x** more likely to report substantial improvement in employee health risk and **2.5x** more likely to report substantial improvement in medical costs

Make a Difference

Leadership engagement at all levels:

- shapes workplace climate
- drives employee participation
- inspires personal accountability
- promotes sustainable success

An Effective Workplace Strategy:

- Incorporates wellness into company mission, vision and values
- Modifies management strategies to articulate "culture of health"
- Translates vision into clear action
- Engages leaders at all levels

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The State of Worksite Wellness

Incorporating **cultural elements** in wellness strategies results in a reduction of employee health risks 2.5 times that of standard practices.

5% per year

56% of employers believe their current health & wellbeing programs encourage employees to live a healthier lifestyle, **but just 32% of employees agree.**

Many employees are dissatisfied with their Employer Wellness Programs.

61% in 2017

11% cost decrease When payers address social determinants of health.

Willis Towers Watson Regional Benefits Trends Survey 2017 et. al.

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Impact of Culture

- Programs have been shown to affect 40% of employees; **company culture impacts 100% of employees**
- Establishing **policies to positively influence** social and economic conditions supports changes in individual behavior; this **can improve health for large numbers of people** in a way that can be sustained over time

- Research shows that **stocks** of companies with award-winning health programs outperform the market average
- A recent U.S. study found **physically active adults have lower annual health care expenditures** than insufficiently active adults which are associated with 11.1% of total health care expenditures
- **53%** of organizations want to create a culture that promotes health and wellness, with **60%** of organizations offering wellness programs (in 2017)

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Wellness Pulse Check Survey

Wellness Pulse Check™ evaluates, measures and scores:

- Employer lead survey
- Addresses Organizational wellness efforts and employee experiences
- Provides scoring for each question and module
- "Wellness Pulse" score provides benchmark for key wellness efforts
- Generates actionable insights and programming ideas for a personalized wellness recommendations
- Turnkey design to reach entire employee population

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"A strong **culture of health** has emerged as a strategic imperative for helping to drive better results for improved health and wellbeing, workforce performance and cost control across an organization."

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The Solutions Group

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NMPSIA Wellness

Wellness Ambassadors

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What is a well-being ambassador?

- **Role models** who inspire and encourage others.
- **Accelerators** who can quickly spread the word and increase engagement.
- **On-the-ground connectors** of people with ideas and opportunities.

A Wellness Ambassador is part of a champion network

A diverse group of employees who serve as the communicators, motivators, promoters, & leaders of your well-being goals, strategies, & programs.

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The secret weapon for bringing well-being strategy to life

YOU are the secret weapon!

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The benefits of an organized Wellness Ambassador network

- Leverage social connections.
- Accelerate adoption and engagement.
- Gain valuable feedback.
- Provides a self-development opportunity for ambassadors.

Ambassadors can help create and enhance a culture of well-being in the workplace.

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Keep it fun! Promote creative sharing

- **Collaborate** and encourage wellness ambassadors to offer suggestions and provide feedback.
- Give or share **ownership** wherever possible.
- **Celebrate** progress.

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Wellness Ambassadors
NMPSIA

NMPSIA Wellness

Interested in becoming an Ambassador?
Scan the QR code to apply now!

Once your application is approved, you will receive a Nike Backpack with the NMPSIA Wellness Logo!

Questions? Email NMPSIA.WELLNESS@phs.org.

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EASI
Erisa Administrative Services, Inc.

Lunch & NMPSIA Jeopardy
12:00 – 12:30

Coming up:

12:30 p.m. **How to be a Smart Consumer - Martha Quintana**

1:00 p.m. **Required Online Enrollment - Kathy Payanes**

- Employer:
  New Hire (Basic Life), Cancel EE, Report LOA (Return and Change Date)
- Employee:
  Change Beneficiary, Open/Switch (change enrollment), Change Basic Info

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NMPSIA 2023 Regional Training
Benefits Smart Consumer

PATRICK SANDOVAL
EXECUTIVE DIRECTOR

MARTHA QUINTANA
DEPUTY DIRECTOR

New Mexico Public Schools Insurance Authority

Employee Benefits
Wellness & Well-Being Programs

NMPSIA offers the following benefits:

Self Insured Medical Options BlueCross BlueShield of New Mexico, cigna healthcare, PRESBYTERIAN Health Plan, Inc.

Self-Insured Prescription Drug Coverage CVS caremark

Self-Insured High & Low Option Dental Plans DELTA DENTAL, UNITED CONCORDIA DENTAL Protecting More Than Just Your Smile®

Fully Insured Vision Plan DavisVision

Fully Insured Life & Disability Plan

Wellness & Well-Being Program NMPSIA Wellness

- Discounted Gym Memberships
- Member Wellness & Well-Being Strategic Planning
- Member Health and Wellness Onsite Events, Screenings, and Activities

Customer Service

- Claim Issues and Reconsideration of Enrollment Determinations

Employer Benefits Administration EASI Erisa Administrative Services, Inc.

- Support with Enrollment, Billing and Premium Collection
- COBRA Administration

Program Guide & Medical Plan Side-By-Side Comparison

Visit https://nmpsia.com

New Mexico Public Schools Insurance Authority

In-Network Medical Plan

BlueCross BlueShield of New Mexico

cigna healthcare

PRESBYTERIAN Health Plan, Inc.

HIGH OPTION MEDICAL PLAN

- $25 copay for office visits
- $50 copay for specialist office visit
- $0 copay for Telehealth virtual video visits (access via carrier website)
- $0 Routine annual wellness visits
- Deductible waived for in-network lab and radiology
  - $30 copay when using free-standing labs or radiology facilities
  - More expensive at out-patient hospital labs ($60 copay)
    - No charge for Professional Interpretation/Reading of lab and radiology
  - $600 copay or 20% *(whichever is less)* for MRI, MRA, CT Scan, Pet Scan
- $750 Individual Deductible and 20% coinsurance
- $4,100 Individual Calendar Year Maximum for covered services *(copays, deductible, coinsurance)*

- Out of network benefits at 40% coinsurance after $1,500 individual deductible

Visit https://nmpsia.com/ to view benefit summaries and side-by-side medical plan comparison chart

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In-Network Medical Plans

LOW OPTION MEDICAL PLAN – "catastrophic plan"

BlueCross BlueShield of New Mexico

cigna healthcare

PRESBYTERIAN Health Plan, Inc.

- $30 copay for office visits
- $60 copay for specialist office visit
- $0 copay for Telehealth virtual video visits (access via carrier website)
- $0 Routine annual wellness visits
- $2,000 Individual Deductible and 25% coinsurance
- $4,100 Individual Calendar Year Maximum for covered services *(copays, deductible, coinsurance)*
- Out of network benefits at 50% coinsurance after $4,000 individual deductible

EPO Plan – Narrow NM Network

BlueCross BlueShield of New Mexico

- $25 copay for office visits
- $35 copay for specialist office visit
- $0 copay for Telehealth virtual video visits access (via carrier website)
- $0 Routine annual wellness visits
- $500 Individual Deductible
- $3,250 Individual Calendar Year Maximum for covered services *(copays, deductible, coinsurance)*
- No out of network benefits except in an emergency

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NMPSIA Wellness

Wellness Benefits

No Cost to Members

- Medical Carrier Online Wellness Portals
  - Personal Health Assessments
  - Sync Health Devices
  - Wellness Topic & Resources
- Monthly Wellness and Well-being Resources and Events
- Newsletters & Mailers
- Health Coaching & Disease Management Outreach
- Mindfulness Based Stress Reduction Subscription
- Resiliency Program
- Weight Loss Programs
- Free Glucose Monitors
- Incentive Rewards (online shops & gift cards)
- Fitness Challenges
- Ergonomic Programs
- Virtual Cooking Demonstrations
- On-Site Health & Wellness Presentations
- Wellness Grant Opportunities
- Information found at NMPSIA Website – https://nmpsia.com/

BlueCross BlueShield of New Mexico

WonderHealth

cigna healthcare

MotivateMe

PRESBYTERIAN

Good Measures

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CVS caremark

Prescription Drug Coverage

Automatically enrolled when you enroll in medical coverage

- Rx ID card issued by CVS Caremark
- Formulary - https://nmpsia.com/ *(Check for updates each quarter)*
- Generics
  - $10 copay for 30 day supply at the pharmacy
  - $22 copay for 31-90 day supply at the pharmacy
  - $22 copay for 90 day supply via mail-order
- Preferred Brand-Name
  - 30% coinsurance ($30 min/$60 max) for 30 day supply at the pharmacy
  - $60 copay for 31-90 day supply at the pharmacy
  - $60 for 90 day supply via mail-order
- 70% coinsurance for non-formulary brand name drugs
- $0 Generic & Preferred Diabetic Supplies & Injectable Diabetic Medications
- *Specialty Medications - $55 Generic; $80 Preferred; $130 Non-Preferred
- $3,000 Individual Calendar Year Maximum for High & Low Option medical plans
- $3,100 Individual Calendar Year Maximum for EPO Option medical plan

Transform Diabetes Care® (TDC) offers extra support to manage diabetes at no cost to the member providing digital tools, blood glucose meter, blood pressure monitor and access to a minute clinic

* Your plan includes the PrudentRx program for certain eligible specialty medications exclusively dispensed by CVS Specialty. For these medications, 30% coinsurance will apply. If you are enrolled in PrudentRx, your final out of pocket cost will be $0. If you opt out of PrudentRx, you will be responsible for the 30% coinsurance. Note: only the amount you pay out of pocket will be reflected in your annual deductible and/or maximum out-of-pocket.

New Mexico Public Schools Insurance Authority

UNITED CONCORDIA DENTAL
Protecting More Than Just Your Smile®

DELTA DENTAL

In-Network Dental Coverage

High Option

- $0 Diagnostic & Preventive Services *(Deductible waived)*
  - Routine Oral Exams (twice every calendar year)
  - Routine Cleanings (twice every calendar year)
  - Periodontal Cleanings (twice every calendar year)
  - X-rays - complete mouth (once every 5 years);
    - bitewings (twice every calendar year through age 13, once every calendar year thereafter)
- 20% Coinsurance for Basic Services
- 50% Coinsurance for Major Services & Orthodontic Services
- $50 Individual Deductible for Basic and Major Services
- $1,500 Calendar Year Maximum
- $1,500 *Lifetime* Maximum for Orthodontics

- Out of network benefits at 45% - 65% coinsurance after deductible

List of NM contracted dentists for each carrier can be found at https://nmpsia.com/

New Mexico Public Schools Insurance Authority

UNITED CONCORDIA DENTAL
Protecting More Than Just Your Smile®

DELTA DENTAL

In-Network Dental Coverage

Low Option

- $0 Diagnostic & Preventive Services *(Deductible waived)*
  - Routine Oral Exams (twice every calendar year)
  - Routine Cleanings (twice every calendar year)
  - Periodontal Cleanings (twice every calendar year)
  - X-rays - complete mouth (once every 5 years);
    - bitewings (twice every calendar year through age 13, once every calendar year thereafter)
- 20% Coinsurance for Basic Services
- **NO Major Services or Orthodontic Services**
- $50 Individual Deductible for Basic Services
- $1,500 Calendar Year Maximum

- Out of network benefits at 75% coinsurance after deductible

List of NM contracted dentists for each carrier can be found at https://nmpsia.com/

New Mexico Public Schools Insurance Authority

DavisVision

Vision Coverage

Vision Plan

- $10 copay Eye Exam (covered every 12 months from last date of service)
- $15 copay Spectacle Lenses (standard single-vision, lined bifocal, or trifocal lenses - covered every 12 months from last date of service)
- Frames (covered every 24 months)
  - Additional discounted Lens options & coatings
- Contacts (covered every 12 months)
  - Order contact replacement lenses online
- *Be sure to ask to see the Davis Vision Frame and Contact collection*
- Includes discounts for Lasik and hearing aids
- Locate contracted providers – nationwide at https://davisvision.com/

New Mexico Public Schools Insurance Authority

Life & Long-Term Disability Coverage

Basic Life and Accidental Death & Dismemberment (AD&D)

- Employer chooses benefit level ($10,000; $25,000; $50,000)

Additional Life and AD&D

- Employee Life and AD&D – employee chooses 1, 2, or 3 times base annual salary
- Spouse Life - 1 time or 50% of employee coverage benefit amount (the lesser of the two)
- Child(ren) Life - $5,000 per child

Included in Life benefit coverage

- Accelerated Benefit
- Specified Disease Benefit (Basic Life Only)
- Travel Assistance & Life Services Tool Kit
- Repatriation Benefit for the Employee
- Funeral Assignment
- Options to continue coverage upon retirement or employment separation

Long Term Disability (LTD) – (Insures your salary during a disability and unable to work)

- Employer chooses benefit waiting period (30-Day; 60-Day; 90-Day)
- 66 2/3% of the first $7,500 monthly covered earnings

New Mexico Public Schools Insurance Authority

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Erisa Administrative Services, Inc.

Eligibility Rules for Employee

Basic Life Enrollment

- Work 15 hours or more per week (confirm requirements with employer)
- Automatically enrolled by your employer

Other Lines of Coverage

- Medical, dental, vision, additional life or long-term disability
- Work 20 hours or more per week (confirm requirements with employer)

Employee is eligible for benefits if:

- Employer has determined the employee is eligible for benefits
- Employee is at work on the day coverage is scheduled to start
- Employee works the minimum qualifying number of hours established by the employer

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Eligibility Rules for Dependents

Eligible Dependents

- Spouse
- Children - natural, adopted, or legal guardianship
  - Up to age 26 (married or unmarried)

Proof of Dependency Required

Submit required proof with your application to avoid a delay of coverage for your dependents

- Social Security Number or Individual Tax Identification Number
- Marriage Certificate
- Birth Certificate
- Proof of other coverage if you are excluding a dependent from a line of coverage when you are enrolling at least one other eligible family member

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Effective Date of Coverage

Basic Life

- 1st of the month following date of hire (first day actively at work)

All other lines of coverage

- 1st of the month following employee date of hire coinciding with premium payroll deduction arrangements
  - Your employer determines your effective date

Advise Employer

- If you are transferring benefits from another NMPSIA participating employer, to coordinate enrollment effective dates and premium collection

- If you are a return-to-work RETIREE covered under the New Mexico Retiree Health Care Authority (NMRHCA), the NMRHCA requires you to cancel retiree medical coverage and enroll for health coverage with your active employer

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Employer Contribution Rules

Basic Life

- 100% paid by employer based on benefit level offered at the employer

Additional and Dependent Life

- 100% paid by employee premium determined by age and base annual salary

All other lines of coverage

- Employer contributes the majority percentage toward premium
  - The premium percentage is determined on your base annual salary
- Payroll deductions determined by your employer

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Timely Enrollment Requirement

- Enroll in other lines of coverage within 31 calendar days from date of hire (first day actively at work)

- If coverage is declined as a New Hire:
  - Decline medical, dental or vision - Open Enrollment in the fall with an effective date of January 1 of the following year, or with qualifying event

  - If Additional Life and/or Long-Term Disability is declined and/or you choose to enroll after the 31 day enrollment deadline
    - *Evidence of Insurability and approval by the carrier is required for Additional Life, Spouse Life and Long-Term Disability*

- Switching medical or dental plans or options is allowed annually during the fall with an effective date of January 1 of the following year

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Qualifying Event to Enroll

Report life events within 31 calendar days from date of event

- Birth of a child
- Adoption/Placement or Legal Guardianship
- Marriage
- Divorce
- Involuntary Loss of Other Coverage
- Promotion to a new job classification with salary increase
- Part-time to full-time employment change with salary increase

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General Information and Rules

2-Year Vision Rule

Vision coverage has a two-year enrollment requirement; the vision plan cannot be dropped until the employee and each enrolled dependent have been enrolled for two years

Double Coverage Rule

NMPSIA rules do not permit double coverage within the NMPSIA group plans. If an employee, spouse, or their child work for a NMPSIA participating employer, neither can cover each other for the same lines of coverage

New Mexico Public Schools Insurance Authority

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General Information

Insurance Fraud

Under NMPSIA Rules and Regulations, anyone who knowingly makes any false or fraudulent statement or representation shall forfeit all employee and dependent rights to coverage or benefits. In the event of prohibited actions by an official or employee of a participating school or other educational entity, the employer shall take the appropriate disciplinary action against the offending official or employee.

If such appropriate disciplinary action is not taken, NMPSIA reserves the right to terminate coverage for the participating school, charter or other education entity. (*Federal and State Insurance Laws Will Apply*)

New Mexico Public Schools Insurance Authority

Closing Gaps in Care
Access Affordable Care
Get the Right Care at the Right Time

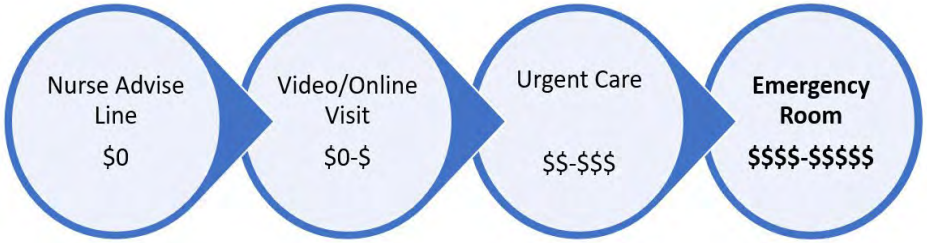
Awareness

- Know your plan's benefits – https://nmpsia.com
- Program Guide
- Side-by-Side Medical Plan Comparison Chart
- Wellness programs offered - $0 cost to members

Engagement

- Know your free in and out of network services
- Schedule routine primary care provider visits
- Register in each of your plan's member portals and/or cell phone apps
- Encourage your employer to create a staff wellness strategy with NMPSIA support

Risk Reduction



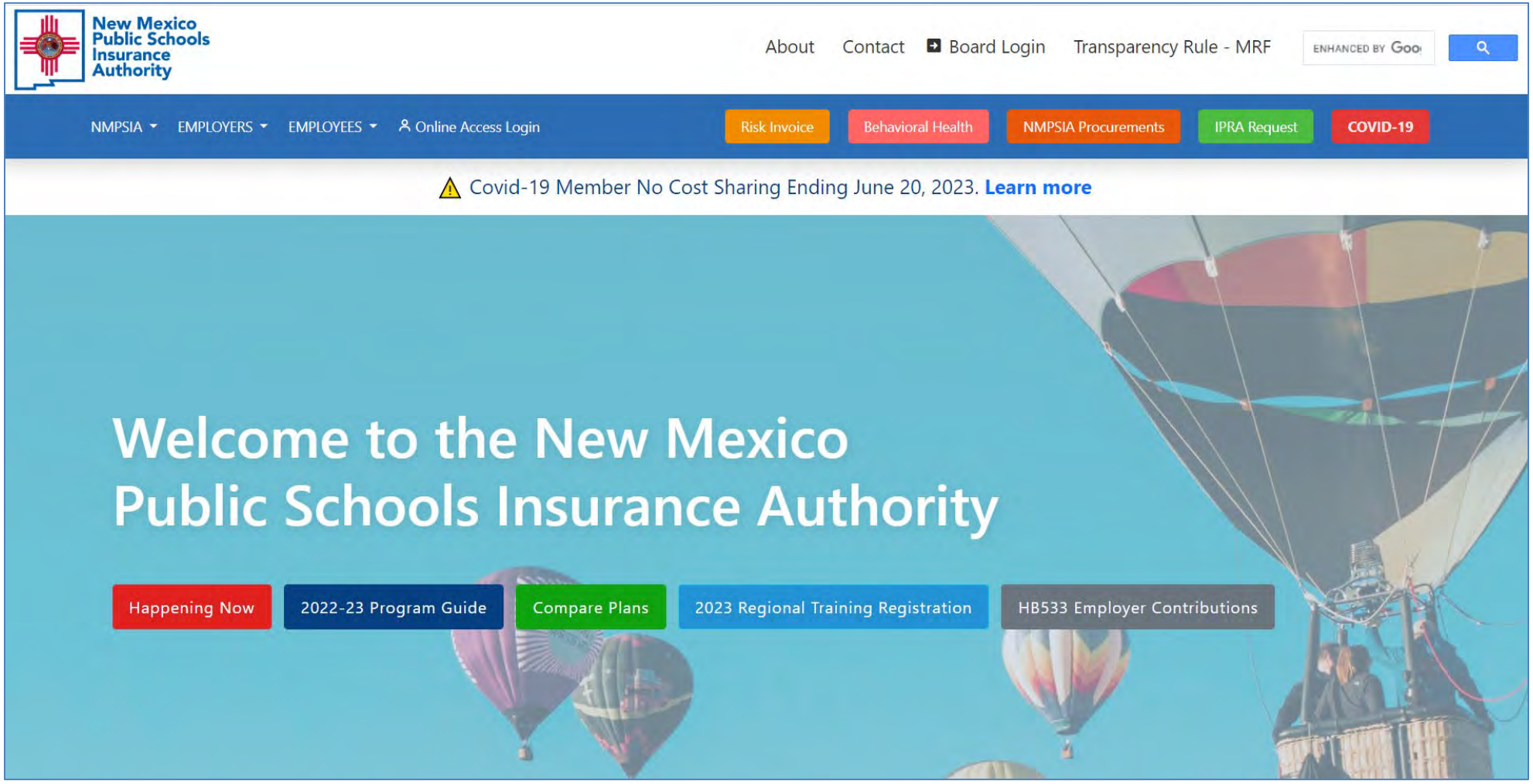
- Know your numbers
- Maintain preventive screenings
- Medicine Adherence
- Read your Explanation of Benefits (EOB)
- Confirm surgical procedures meet "medically necessary" requirements

Health Management

Right care and the right time

New Mexico Public Schools Insurance Authority

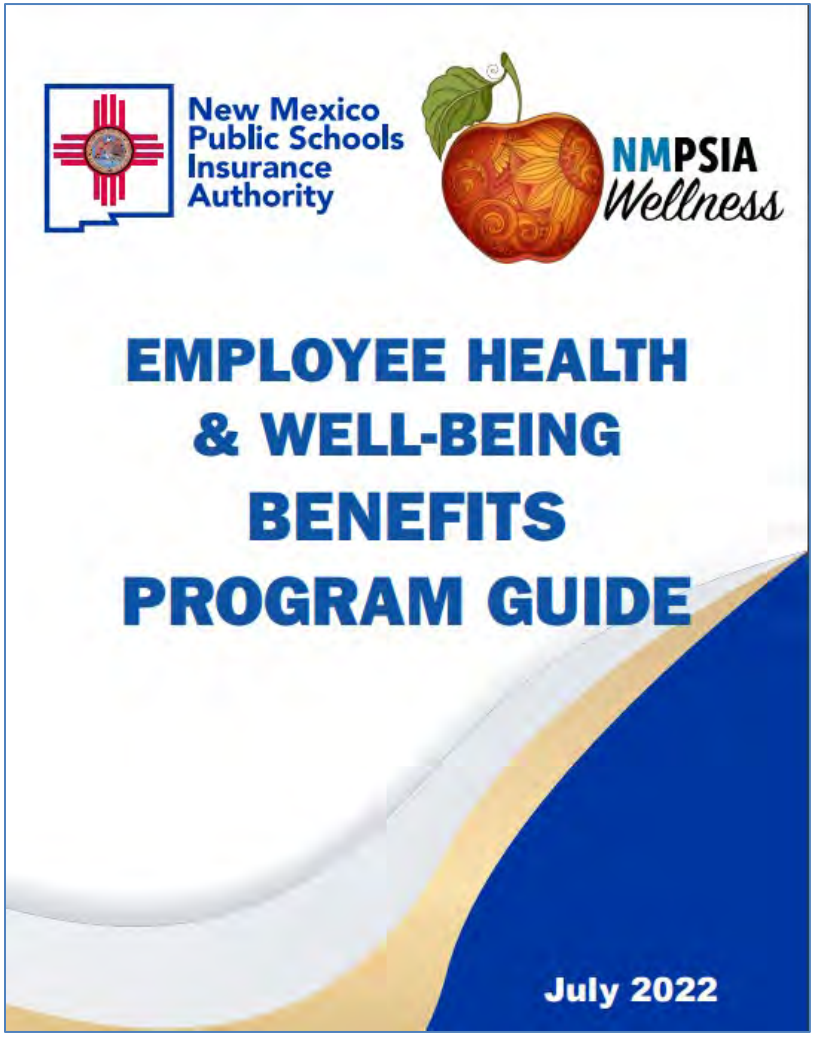
Resources



Website: https://nmpsia.com/

New Mexico Public Schools Insurance Authority

Resources



Website: https://nmpsia.com/

New Mexico Public Schools Insurance Authority

Resources

Confirm and View Benefits Enrollment

Visit https://nmpsiaonline.nmpsia.com/ Employee Login

New Mexico Public Schools Insurance Authority

NMPSIA

410 Old Taos Highway
Santa Fe, New Mexico 87501
Phone: 505.988.2736 or 1.800.548.3724
Fax: 505.983.8670
Website: https://nmpsia.com/

Questions

Organization	Name	Title	Email
NMPSIA	Patrick Sandoval	Executive Director	Patrick.Sandoval@psia.nm.gov
NMPSIA	Martha Quintana	Deputy Director	Martha.Quintana@psia.nm.gov
NMPSIA	Cyndi Archuleta	Benefits and Wellness Manager	Cyndi.Archuleta@psia.nm.gov
NMPSIA	Kaylei Jones	Benefits and Wellness Program Coordinator	Kaylei.Jones@psia.nm.gov
NMPSIA	Leslie Martinez	Benefits Analyst	Leslie.Martinez@psia.nm.gov
NMPSIA	Kathy Payanes	Account Manager	K.Payanes@easitpa.com

New Mexico Public Schools Insurance Authority

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Required Online Enrollment

Effective January 1, 2024

Kathy Payanes, Erisa

New Mexico Public Schools Insurance Authority

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Employer

- New Hire (Basic Life Enrollment)
- Cancel EE
- Report LOA (Return and Change Date)

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We get it. Change is daunting. But you'll thank us for this one.

Reasons why...

- Efficiency (saves time)
- Reduces chance for errors
- Simplifies the process

New Mexico Public Schools Insurance Authority

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Overview of the Online System

Employer Login and Access

NMPSIA Online Benefit System website address: https://nmpsiaonline.nmpsia.com

New Mexico Public Schools Insurance Authority

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Home screen

Home | Inquiry | Review | New Hire | Employer Information | Cancel EE | Report LOA | Feedback | Logout

Employer SPRINGER MUNICIPAL SCHOOLS Benefits10 Kathy Payanes

SPRINGER MUNICIPAL SCHOOLS Policy (dist id: 10)

Medical	**Yes**
Dental	**Yes**
Vision	**Yes**
Basic Life Insurance	**Yes**
Additional(Voluntary) Life Insurance	**Yes**
Spouse Life Insurance	**Yes**
Dependent Life Insurance	**Yes**
Long Term Disability	**Yes**
Domestic Partner	**Yes**
Part Time Resolution	**No**
125K Plan	**No**
Open/Switch Enrollment Date	**01/01/2024**

Do not use your browser's Back or Forward buttons to navigate the Online Benefit System. Use the **Previous** and **Next** options that appear on the botton left and right of the screen.

Date (Click to change date)	Notice Type	Number of Notices Available
12/13/2022	Confirmation Notices	2
	COBRA Initial Notices	0
	COBRA Qualifying Event Notices	0
	COBRA Late Qualifying Event Notices	0

New Mexico Public Schools Insurance Authority

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Demonstration on how to enroll a New Hire in Basic Life

New Mexico Public Schools Insurance Authority

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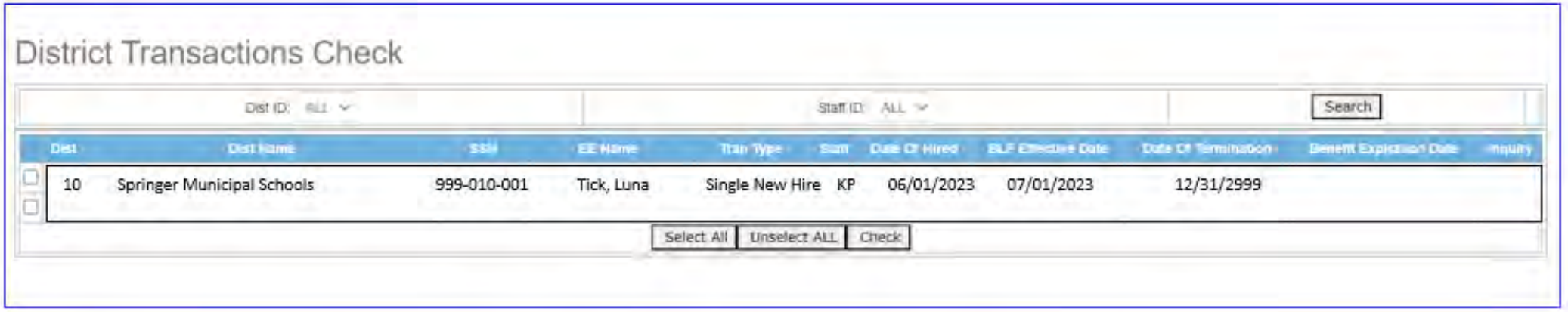
Erisa will receive notification of the transaction via the District Transactions Check on NMPSIA/Erisa system



New Mexico Public Schools Insurance Authority

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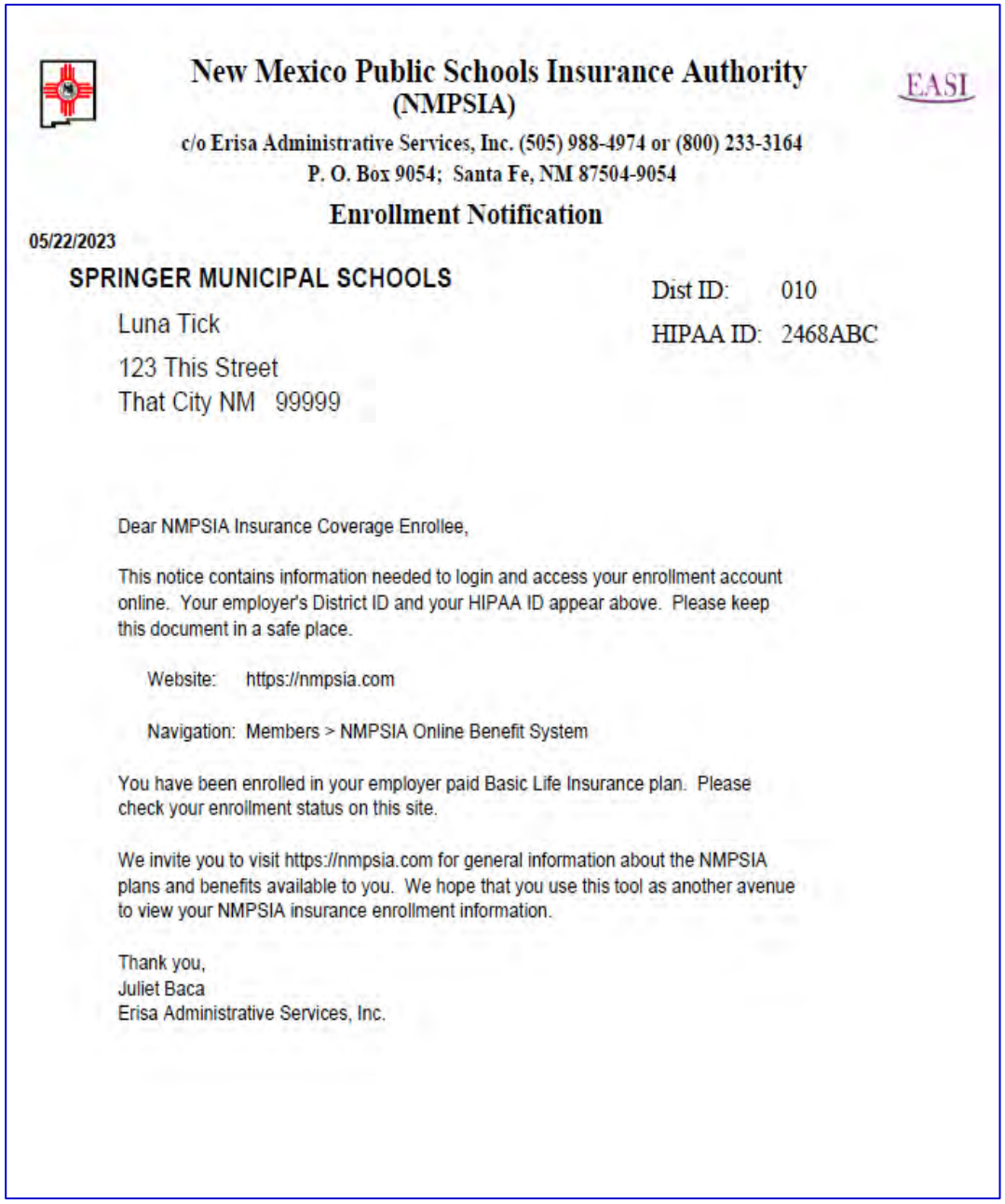
A New Hire employee receives this Enrollment Notification containing information needed to login and access their enrollment account online



New Mexico Public Schools Insurance Authority
(NMPSIA)

EASI

c/o Erisa Administrative Services, Inc. (505) 988-4974 or (800) 233-3164
P. O. Box 9054; Santa Fe, NM 87504-9054

Enrollment Notification

05/22/2023

SPRINGER MUNICIPAL SCHOOLS

Dist ID: 010

Luna Tick
123 This Street
That City NM 99999

HIPAA ID: 2468ABC

Dear NMPSIA Insurance Coverage Enrollee,

This notice contains information needed to login and access your enrollment account online. Your employer's District ID and your HIPAA ID appear above. Please keep this document in a safe place.

Website: https://nmpsia.com

Navigation: Members > NMPSIA Online Benefit System

You have been enrolled in your employer paid Basic Life Insurance plan. Please check your enrollment status on this site.

We invite you to visit https://nmpsia.com for general information about the NMPSIA plans and benefits available to you. We hope that you use this tool as another avenue to view your NMPSIA insurance enrollment information.

Thank you,
Juliet Baca
Erisa Administrative Services, Inc.

New Mexico Public Schools Insurance Authority

EASI
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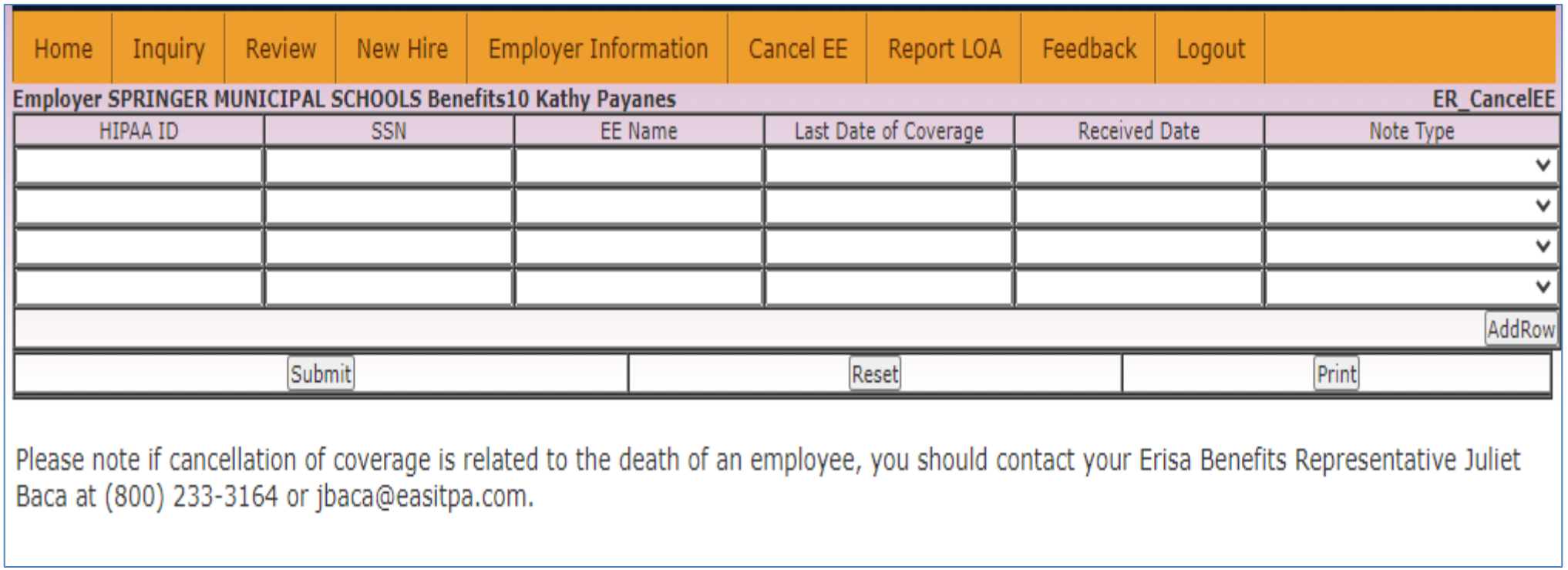
Cancel Employee



Demonstration on how to CANCEL an Employee

New Mexico Public Schools Insurance Authority

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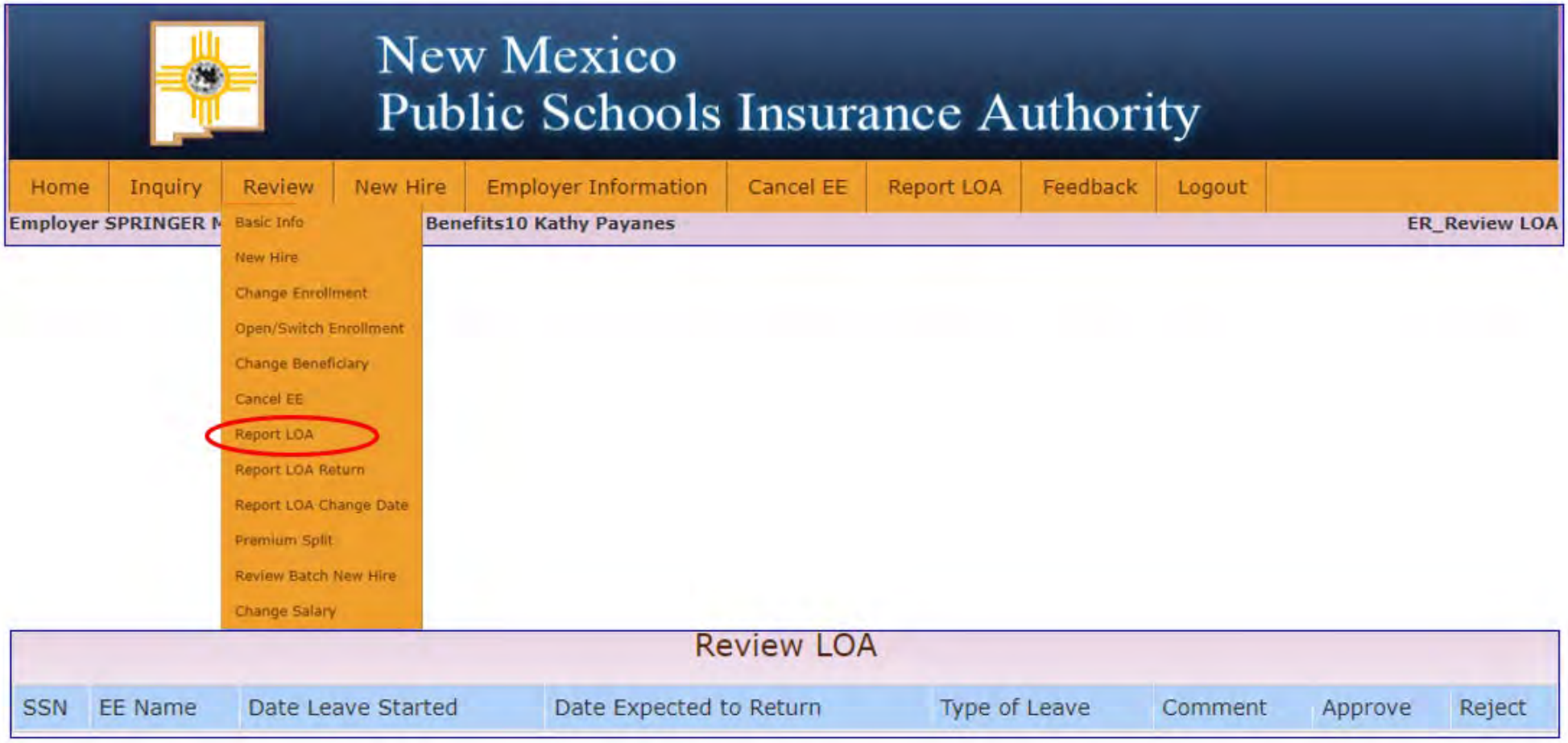
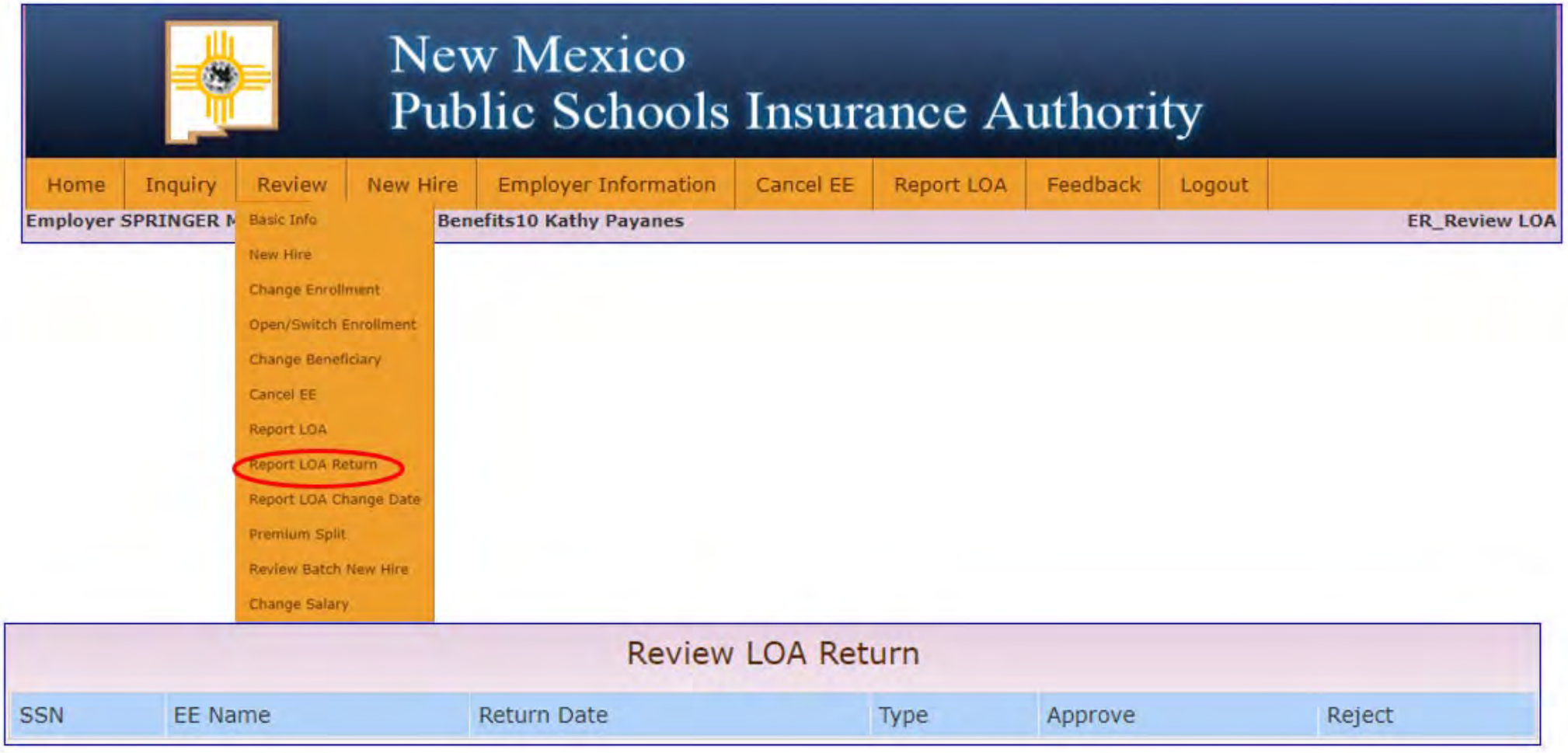
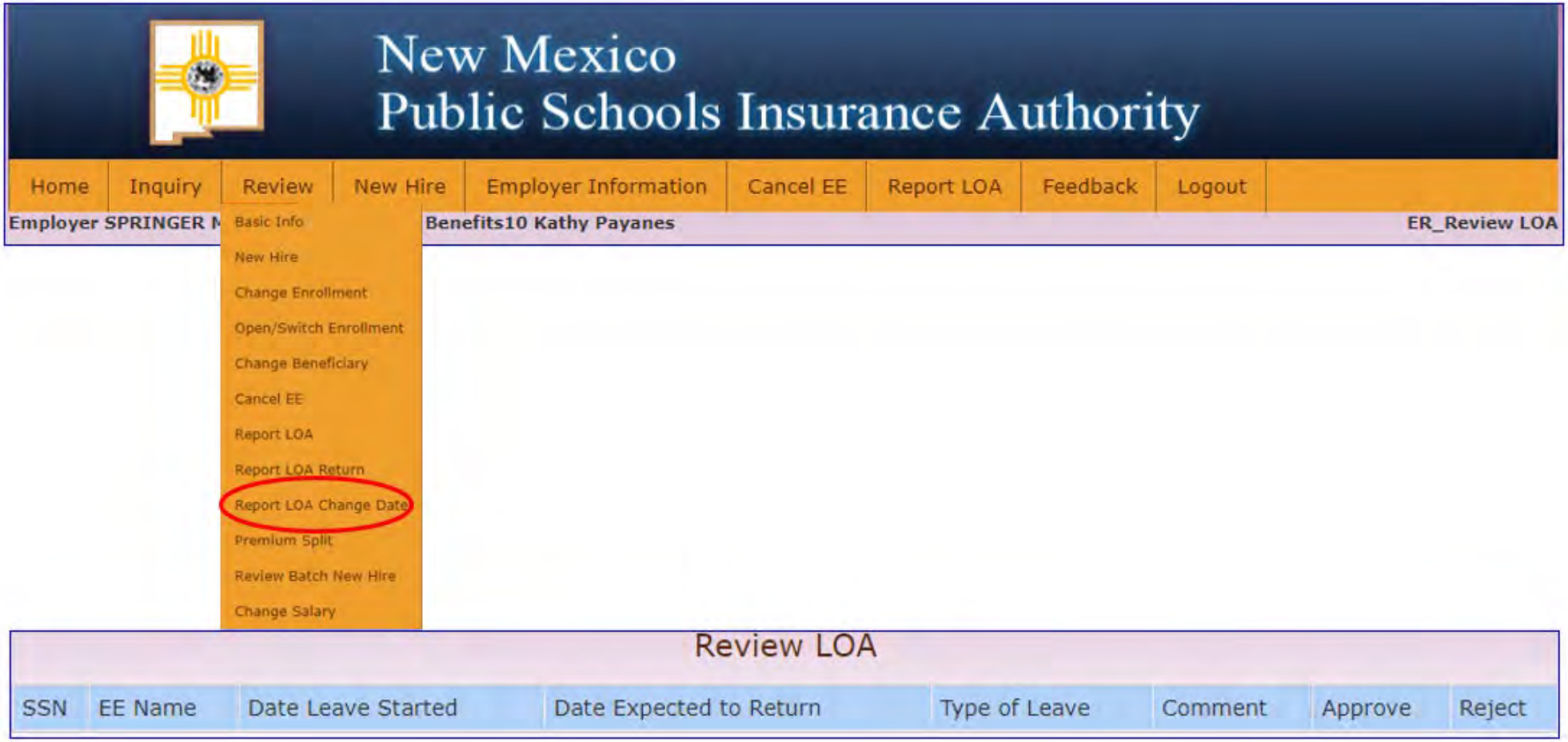
Report LOA




New Mexico
Public Schools Insurance Authority
Home
Inquiry
Review
New Hire
Employer Information
Cancel EE
Report LOA
Feedback
Logout
Employer SPRINGER M
Basic Info
New Hire
Change Enrollment
Open/Switch Enrollment
Change Beneficiary
Cancel EE
Report LOA
Report LOA Return
Report LOA Change Date
Premium Split
Review Batch New Hire
Change Salary
Benefits10 Kathy Payanes
ER_Review LOA
Review LOA Return
SSN
EE Name
Return Date
Type
Approve
Reject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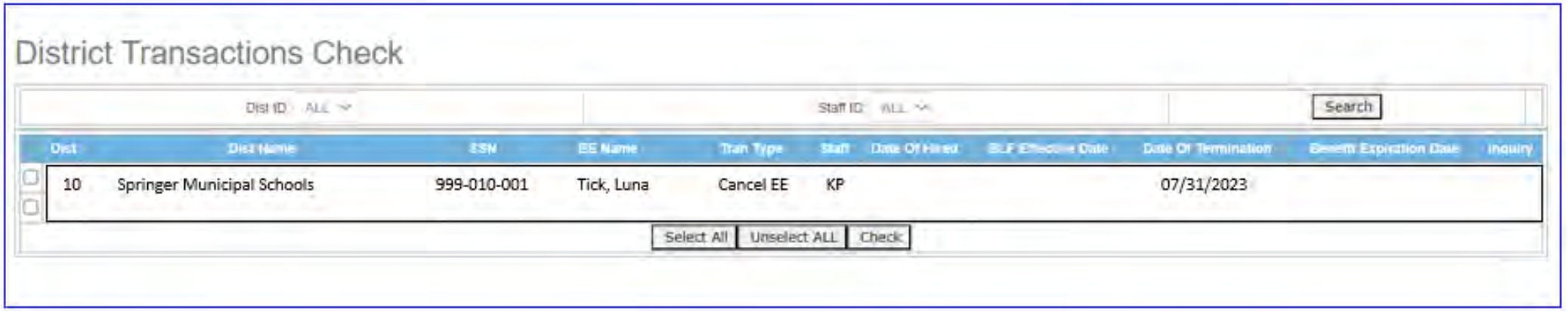
New Hire
Change Enrollment
Open/Switch Enrollment
Change Beneficiary
Cancel EE
Report LOA
Report LOA Return
Report LOA Change Date
Premium Split
Review Batch New Hire
Change Salary
Review LOA
SSN
EE Name
Date Leave Started
Date Expected to Return
Type of Leave
Comment
Approve
Reject

Again, whether a New Hire or Cancel EE, Erisa will receive notification of the transaction via the District Transactions Check on IBAC.



Employee

- Change Beneficiary
- Open/Switch (Change Enrollment)
- Change Basic Info

New Mexico Public Schools Insurance Authority

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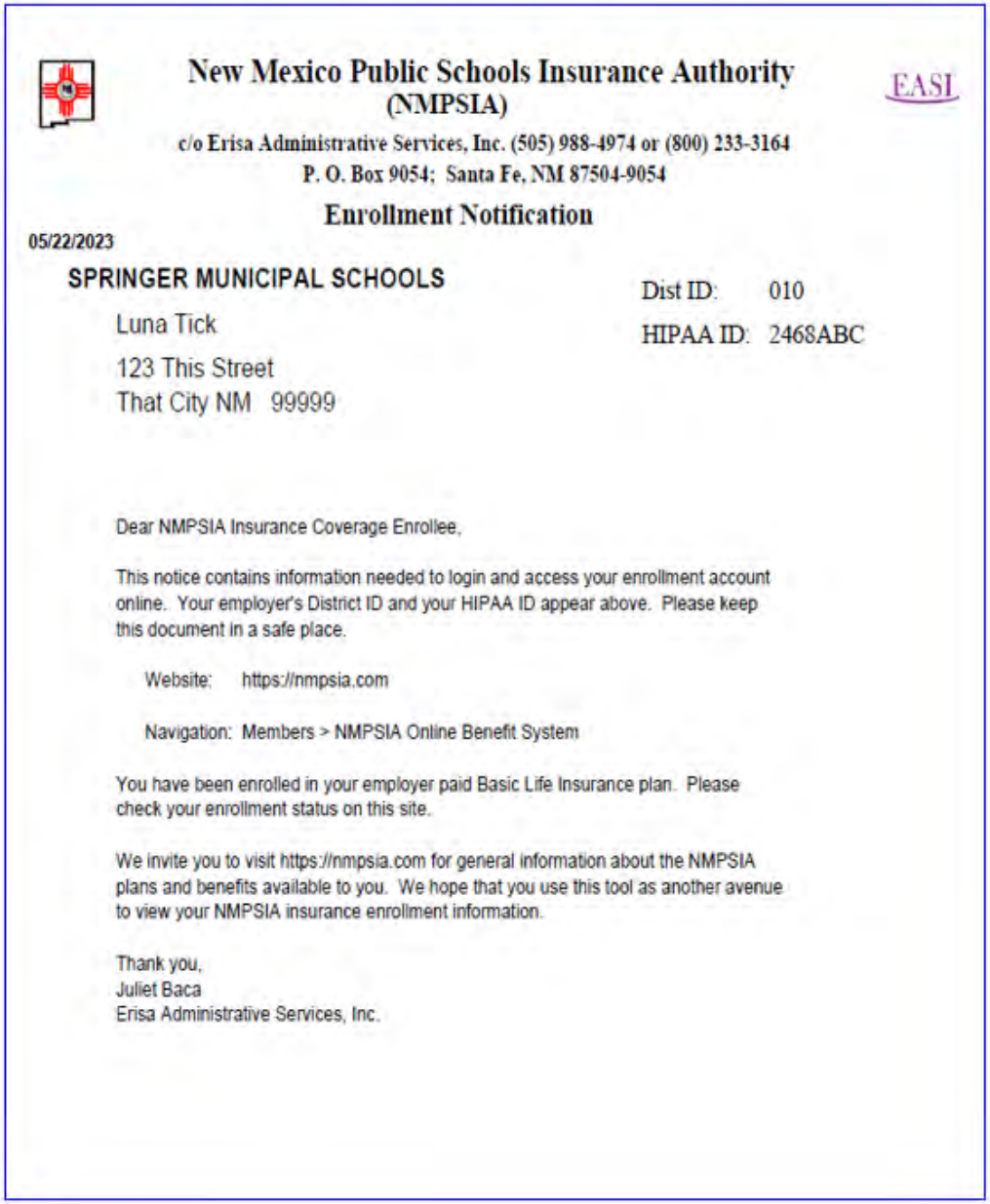
Employee Login and Access

Using the information on the Enrollment Notification sent to them at the time of enrollment an employee can make certain changes



New Mexico Public Schools Insurance Authority
(NMPSIA)

c/o Erisa Administrative Services, Inc. (505) 988-4974 or (800) 233-3164
P. O. Box 9054; Santa Fe, NM 87504-9054

EASI

Enrollment Notification

05/22/2023

SPRINGER MUNICIPAL SCHOOLS

Dist ID: 010

Luna Tick
123 This Street
That City NM 99999

HIPAA ID: 2468ABC

Dear NMPSIA Insurance Coverage Enrollee,

This notice contains information needed to login and access your enrollment account online. Your employer's District ID and your HIPAA ID appear above. Please keep this document in a safe place.

Website: https://nmpsia.com

Navigation: Members > NMPSIA Online Benefit System

You have been enrolled in your employer paid Basic Life Insurance plan. Please check your enrollment status on this site.

We invite you to visit https://nmpsia.com for general information about the NMPSIA plans and benefits available to you. We hope that you use this tool as another avenue to view your NMPSIA insurance enrollment information.

Thank you,
Juliet Baca
Erisa Administrative Services, Inc.

New Mexico Public Schools Insurance Authority

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Erisa Administrative Services, Inc.

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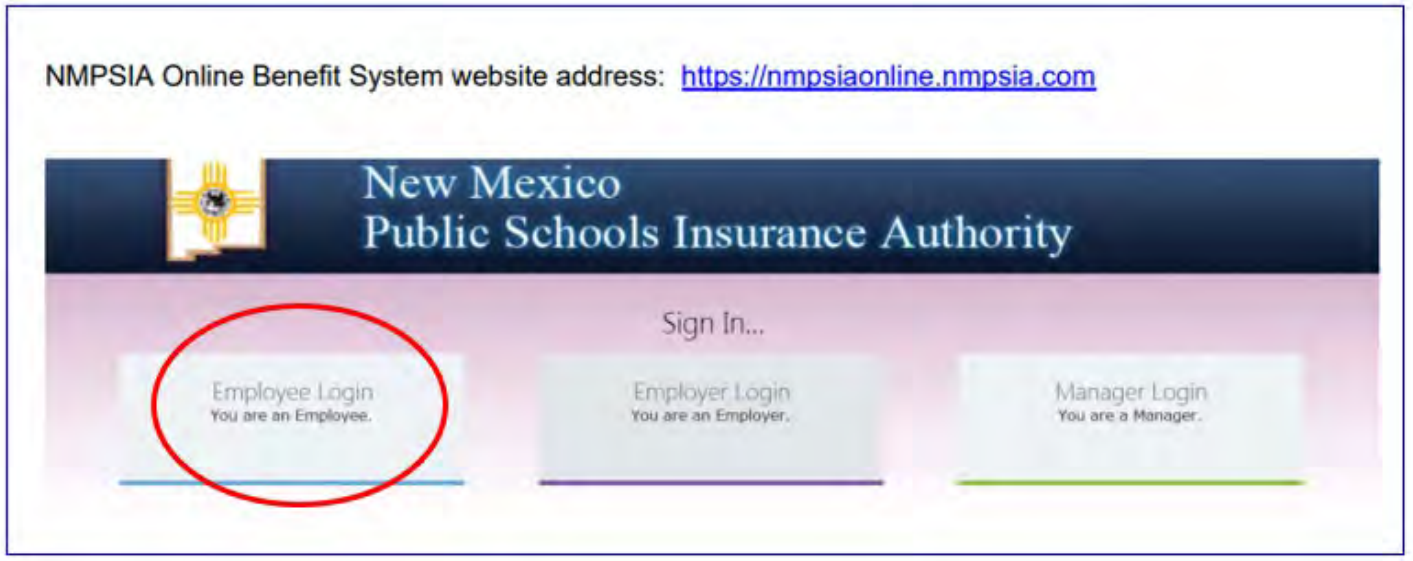

Sign in with HIPAA ID or SSN

Enter SSN here
Enter DOB here

Select employer name from drop down list

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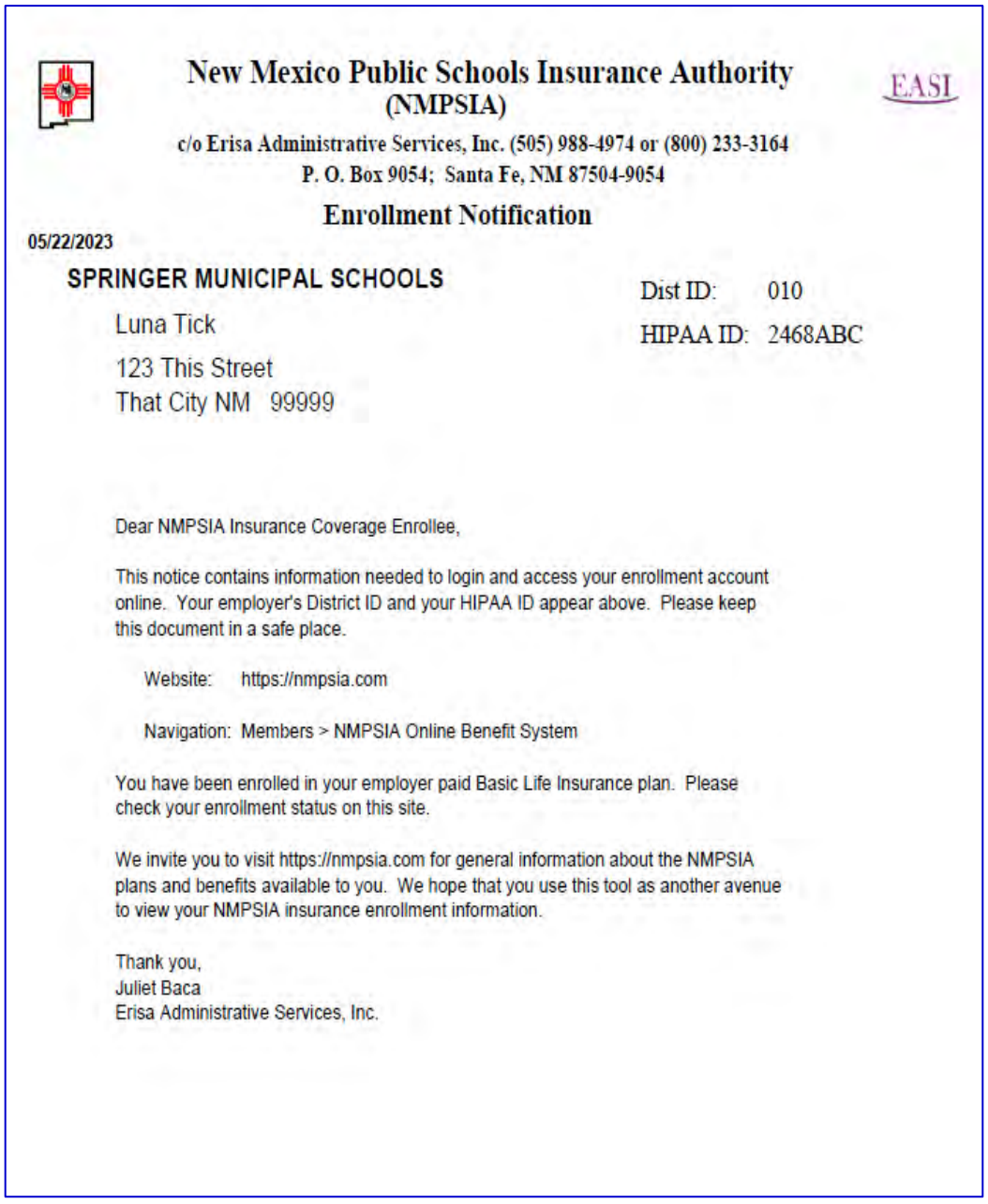

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Thank you,
Juliet Baca
Erisa Administrative Services, Inc.

New Mexico Public Schools Insurance Authority

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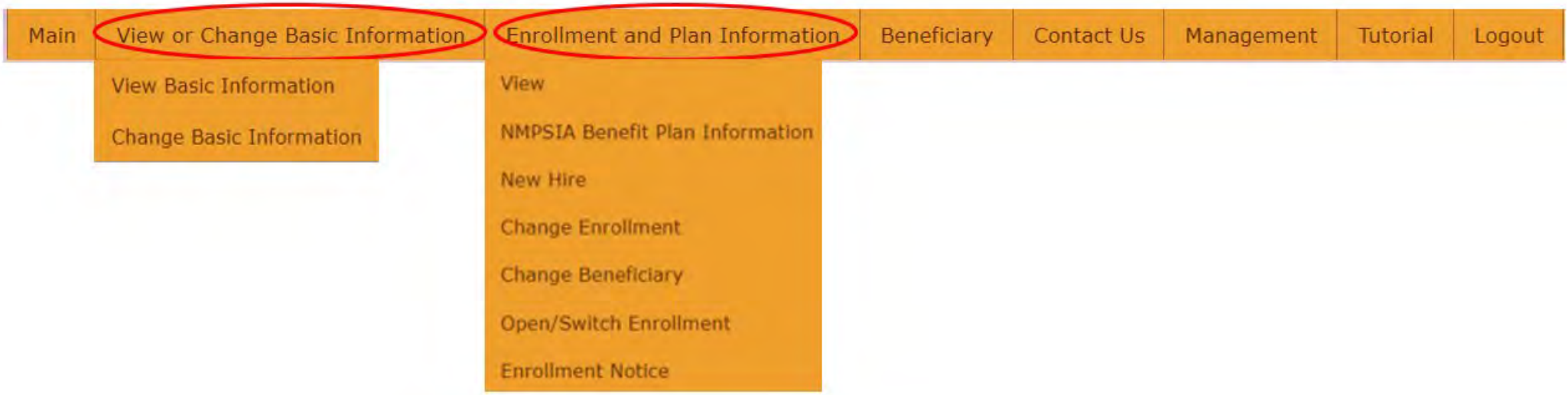
An Employee can view and perform transactions under these tabs



New Mexico Public Schools Insurance Authority

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Questions?

New Mexico Public Schools Insurance Authority

EASI
Erisa Administrative Services, Inc.

Break & Group Stretch
1:45 – 2:00

Coming up:

2:00 p.m.	**POMS - Karen Harris Mestas** ○ Ergonomics Assessment
2:45 p.m.	**Closing Remarks**

POMS

New Mexico Public Schools Insurance Authority

Ergonomics for All School Staff

Karen Mestas-Harris, OTR/L, CEAS II

POMS

New Mexico Public Schools Insurance Authority

Objectives

- Poms Team
- Ergo Program Preview
- Workers' Comp and Musculoskeletal Disorder Claims
- Ergonomic Principles
- Setting up your Workstation

POMS

New Mexico Public Schools Insurance Authority

Ergonomic Mindset-Work Athlete

Sports Athlete

Teams practice 2-4 hours a day

Most sports teams have games 1-2 times a week

Basketball has an 8 month season

Athletes mentally and physically prepare for their sport

Work Athlete

You work 8-12 hours a day

You work 5-6 days a week

You likely work 11-12 months a year

We want you to be the athlete that trains and practices self care to prevent injuries for work and home tasks

POMS

New Mexico Public Schools Insurance Authority

Who is Poms and how can we help minimize risk?

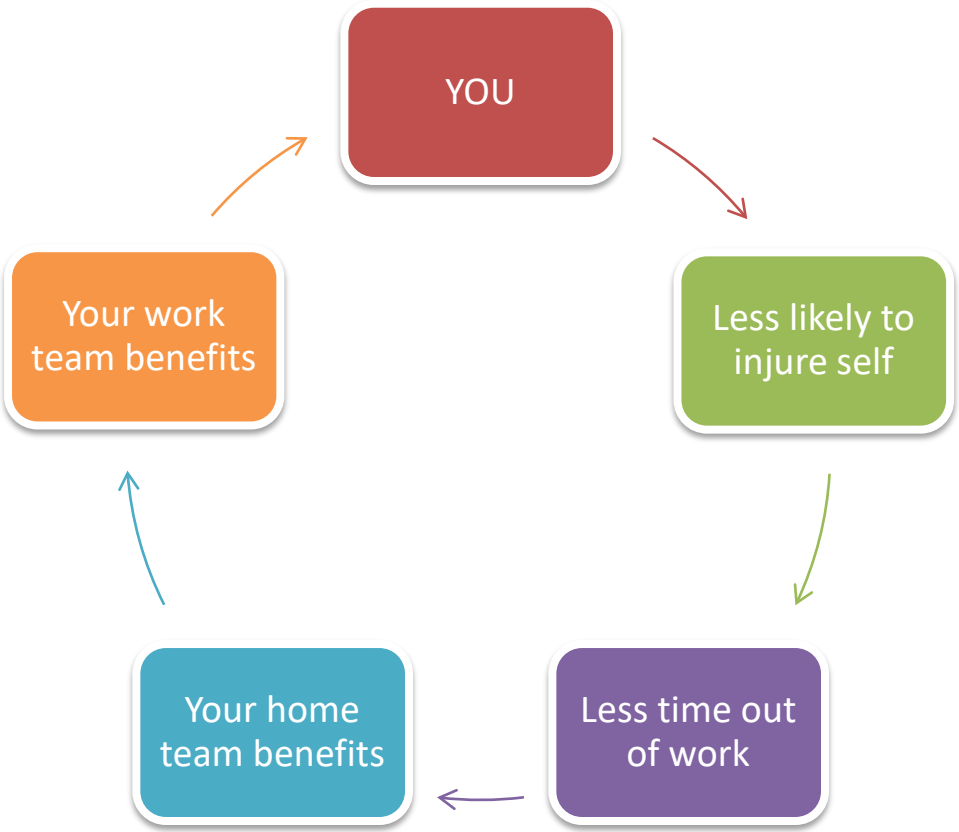
- Karen Mestas-Harris, OTR/L, CEAS II
- Senior Manager, Risk Services/Ergonomics
- Occupational Therapist
- Teacher
- Ergonomic Specialist

POMS

New Mexico Public Schools Insurance Authority

Who cares about Ergonomics?

- Who looks after you?
- Who do you look after?
- Who is your support system?
- What is the process to file an injury?
- Do you work injured?
- Injury Prevention
- Health and wellness responsibility
- Happy and healthy employees



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New Mexico Public Schools Insurance Authority

Injuries, Risk Factors, and Ergonomics

- Most injuries among school employees are:
  - Slips, trips, and falls
  - Strain (by lifting or by repetitive motion)

- Job risk factors by occupation
  - Teacher/EA
    - Sped vs Regular
  - Custodian
  - Cafeteria
  - Secretary
  - Bus Driver
  - Maintenance
  - Administration

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New Mexico Public Schools Insurance Authority

Let's look back on 7/1/2022-6/30/2023 School Year

Workers Comp Claims (3066) Total Incurred $49,949,196.59

Musculoskeletal Disorder (MSD)

Total MSD Incurred $696,951.85

Total MSD Claims 147

Average Cost per MSD Claim=$4741.17

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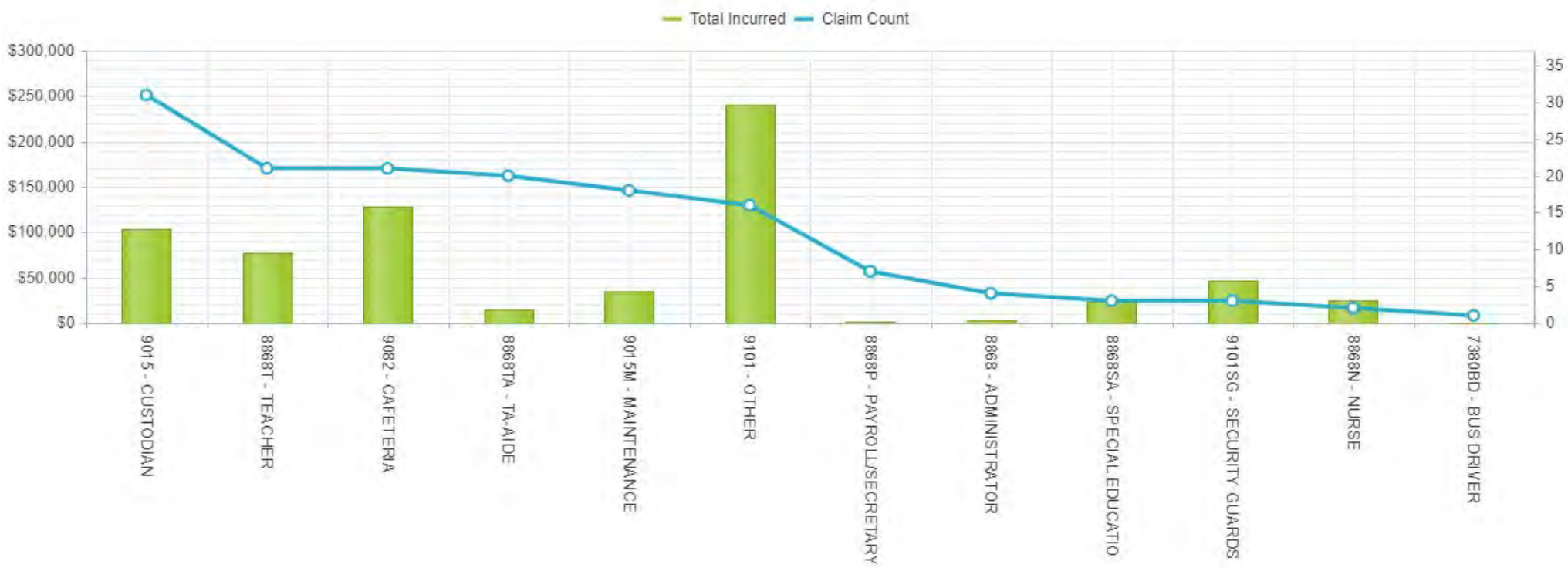
New Mexico Public Schools Insurance Authority

2022/2023 School Year MSD Trends

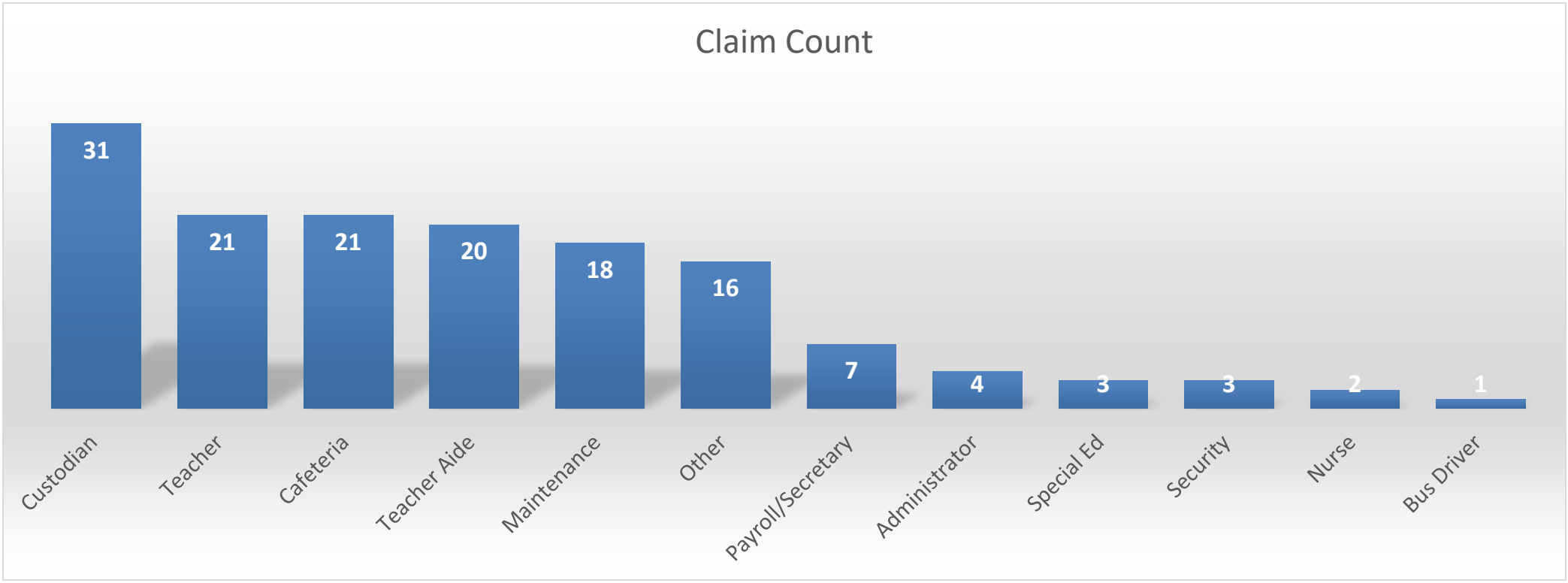


Other (16 total): home liaison, substitute teacher (2), director, EA, clerical, social worker, superintendent, library tech, maintenance worker, EBHA (sped aide), groundskeeper, program specialist, instructional coach, mail courier, speech therapist

POMS

New Mexico Public Schools Insurance Authority

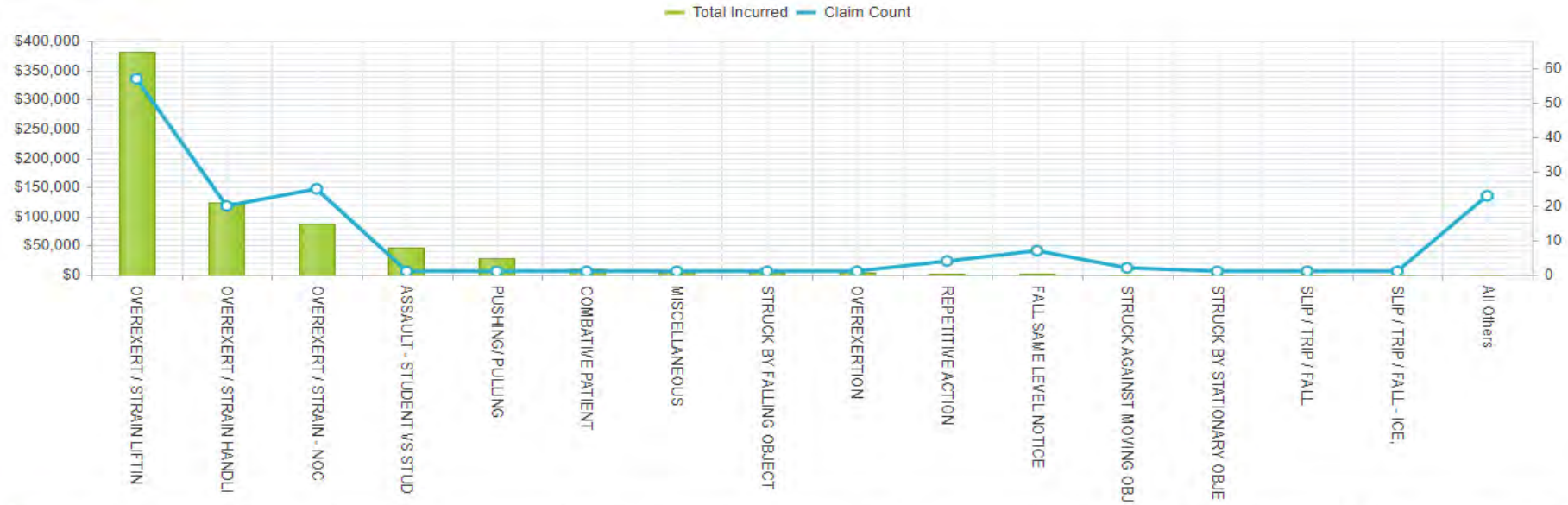
MSD Claims 2022-2023 SY by Occupation



POMS

New Mexico Public Schools Insurance Authority

Claims 2022-2023 SY by Cause



	Cause (Analysis 1)	Paid	Out Reserve	Recovered	Total Incurred	Claim Count	Cost per Claim
	OVEREXERT / STRAIN LIFTING	$159,134.81	$223,455.59	$0.00	$382,590.40	57	$6,712.11
	OVEREXERT / STRAIN HANDLING	$95,295.85	$29,340.88	$0.00	$124,636.73	20	$6,231.84
	OVEREXERT / STRAIN - NOC	$32,067.83	$55,648.56	$0.00	$87,716.39	25	$3,508.66
	ASSAULT - STUDENT VS STUDENT	$29,481.52	$16,263.38	$0.00	$45,744.90	1	$45,744.90
	PUSHING/ PULLING	$11,901.50	$15,729.76	$0.00	$27,631.26	1	$27,631.26
	COMBATIVE PATIENT	$1,690.53	$8,122.77	$0.00	$9,813.30	1	$9,813.30
	MISCELLANEOUS	$682.83	$4,279.47	$0.00	$4,962.30	1	$4,962.30
	STRUCK BY FALLING OBJECT	$12.30	$4,950.00	$0.00	$4,962.30	1	$4,962.30
	OVEREXERTION	$12.30	$3,600.00	$0.00	$3,612.30	1	$3,612.30
	REPETITIVE ACTION	$773.30	$1,103.96	$0.00	$1,877.26	4	$469.32
	FALL SAME LEVEL NOTICE	$1,138.78	$0.00	$0.00	$1,138.78	7	$162.68
	STRUCK AGAINST MOVING OBJECT	$627.54	$344.76	$0.00	$972.30	2	$486.15

POMS

New Mexico Public Schools Insurance Authority

How can we impact MSD claims and employee satisfaction?

- Districts
  - Employee Wellness
  - Training
  - Mentorship
- Poms Ergonomics Program
  - Newsletter/Handouts
  - Webinars/In-Person Training
  - Ergonomic Evaluations
  - Job Hazard Analysis
  - Claim Review with Trend Analysis

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What is Ergonomics?

- How you do your job and guide on how to complete tasks with more efficiency, safety and comfort.
- Same job requirements but we are all different.
- What personal difficulties or strengths are there to consider?

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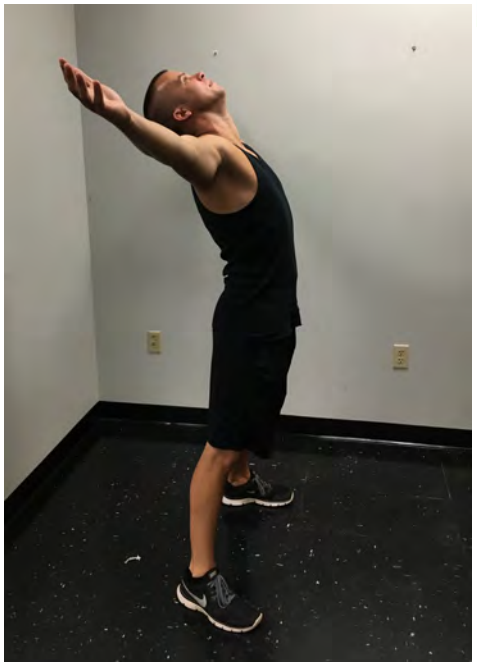
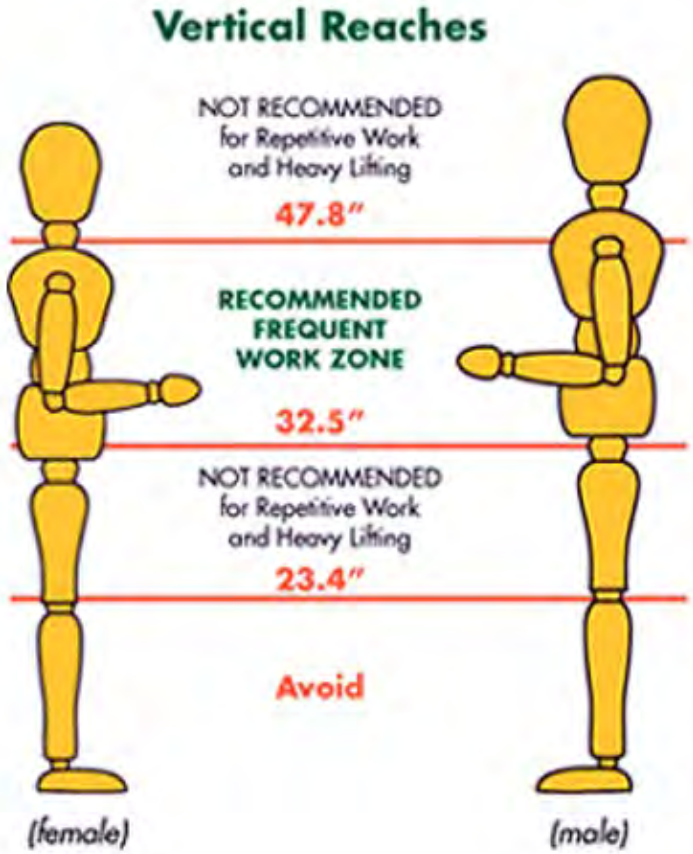
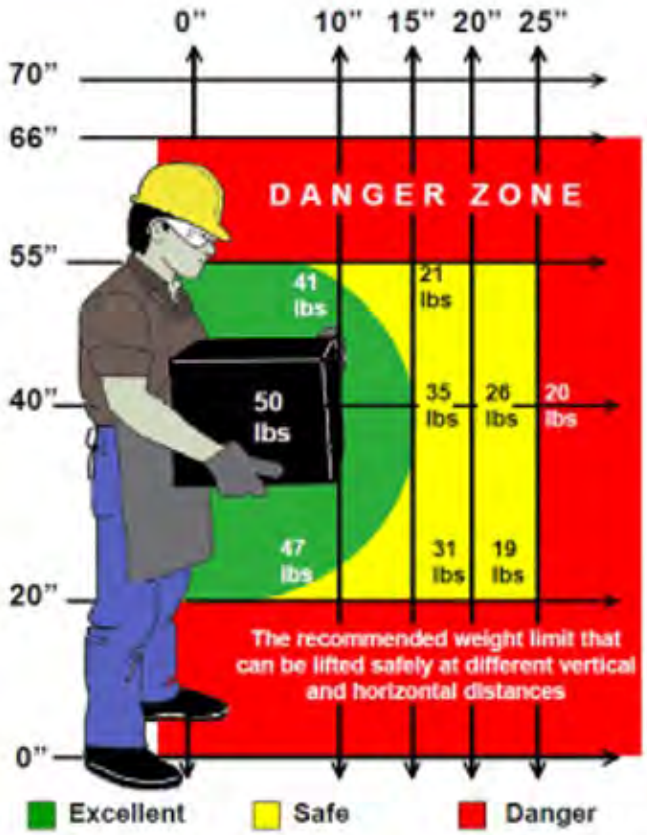
Ergo Breaks

- Micro-breaks (do the opposite)
- Helps brain refocus
- Gives body time to recover
- Use timers or transitions
- Work athlete



Powerzone


Vertical Reaches
NOT RECOMMENDED for Repetitive Work and Heavy Lifting
47.8"
RECOMMENDED FREQUENT WORK ZONE
32.5"
NOT RECOMMENDED for Repetitive Work and Heavy Lifting
23.4"
Avoid
(female)
(male)


0"
10"
15"
20"
25"
70"
66"
55"
40"
20"
0"
DANGER ZONE
41 lbs
21 lbs
50 lbs
35 lbs
26 lbs
20 lbs
47 lbs
31 lbs
19 lbs
The recommended weight limit that can be lifted safely at different vertical and horizontal distances
Excellent
Safe
Danger

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Work Zones

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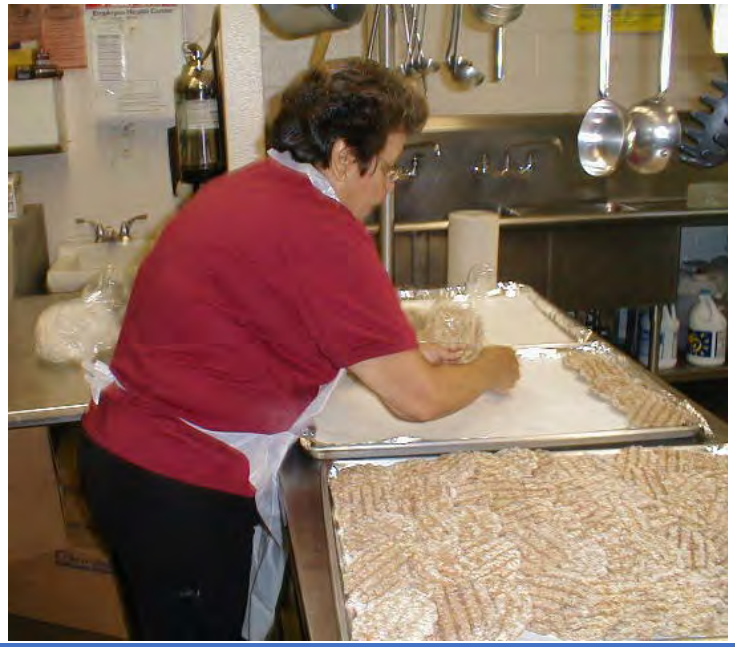

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Tech Neck and Posture

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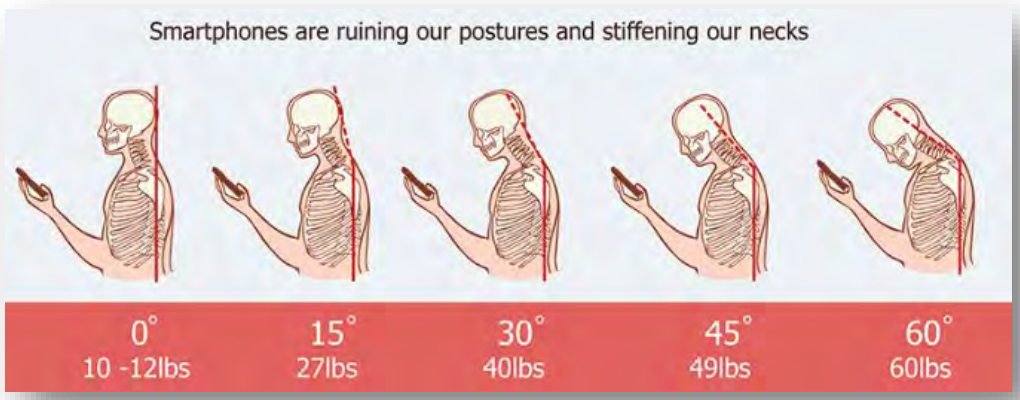
Tech Neck



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Work Zones and Body Postures

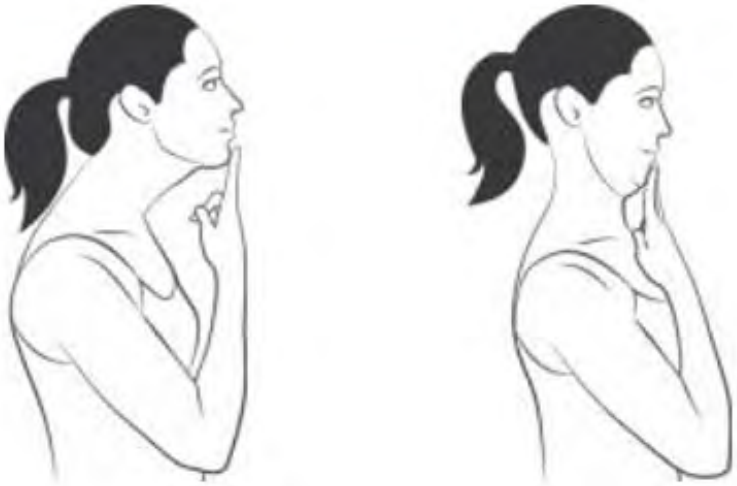
Awkward Postures - Low work

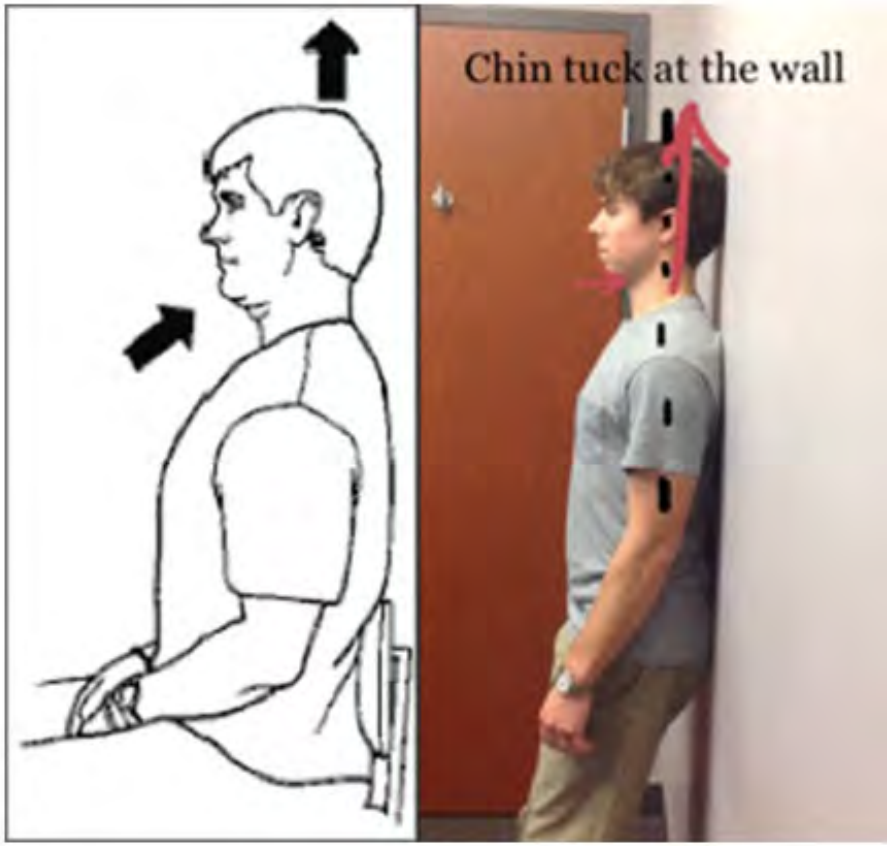
Bending

Kneeling

Squatting

These postures are hard on the back and the knees




Chin tuck at the wall

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Ergonomic Principles

Work in neutral positions/postures

- Healthy spine-S curve

Decrease the need for excessive force

- Pushing, pulling, lifting heavy items can strain your joints
- Use tools or strategies to move items

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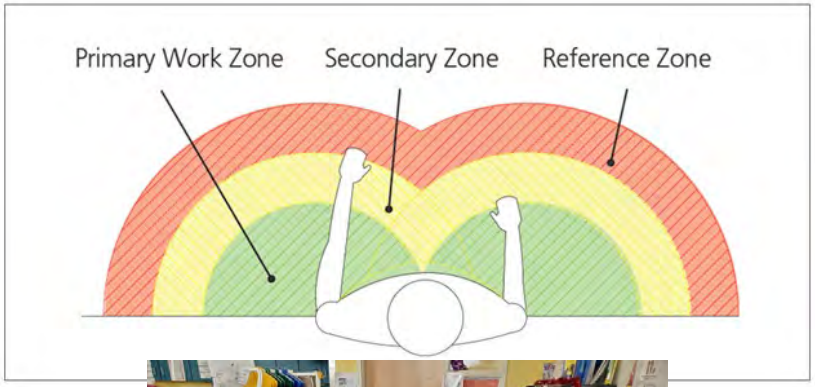
Ergonomic Principles

Keep materials within easy reach

- T-rex power zone
- Modify your environment to keep most frequent items within reach



Work at the proper height

- Too high or too low can strain back, neck, and shoulders

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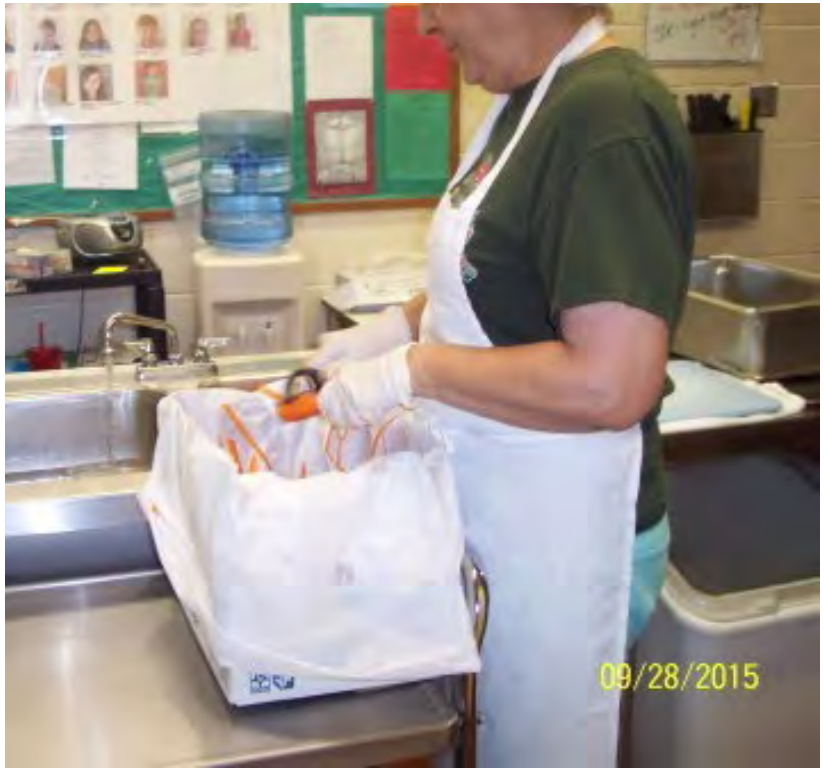
Ergonomic principles at work



Reduce unnecessary motions

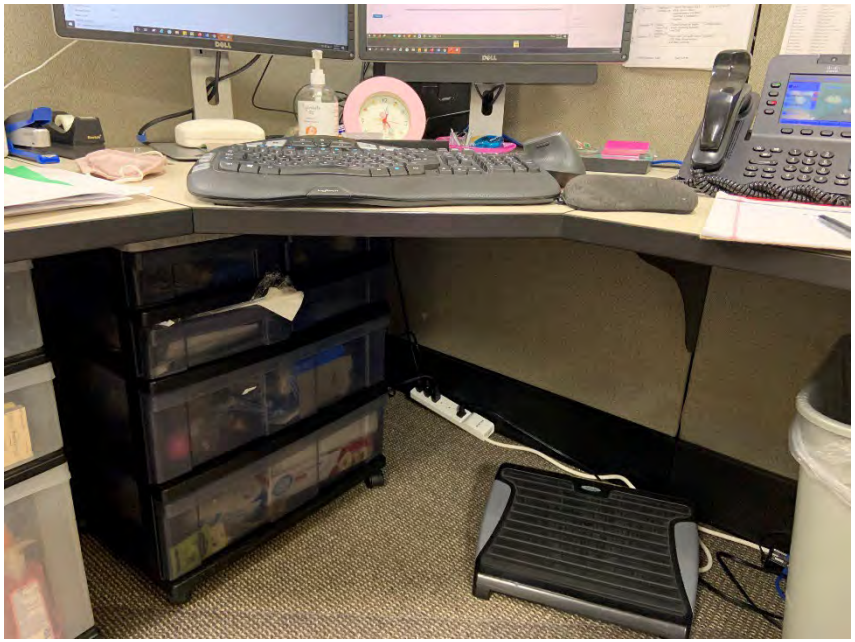
- Repetition-look for ways to minimize or change sides

Minimize static load

- Reduce unnecessary motions

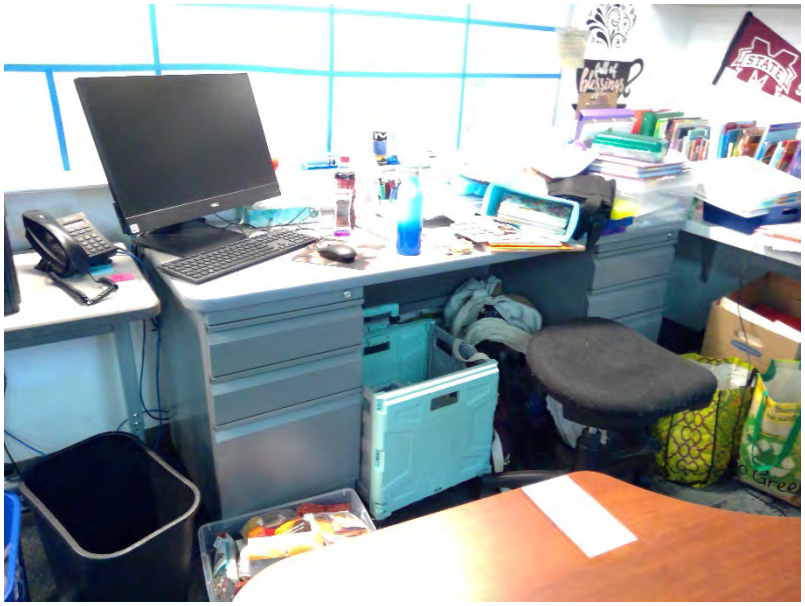
Minimize contact stress

- Tool or surface creates pressure points



Leave adequate clearance

- Do you have enough room for head, knees, and feet?
- Do you have a clear view?



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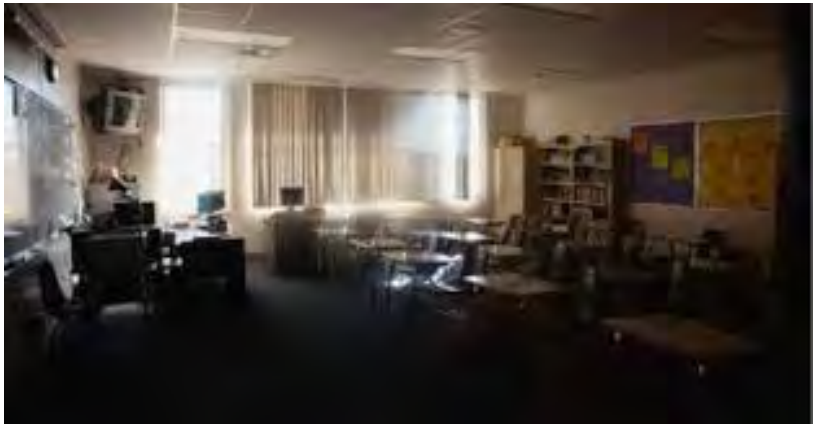
Move and stretch throughout the day

- Stretch before lifting
- Footwear or inserts
- Motion is lotion

Keep the environment comfortable

- Lighting/temperature
- Glare



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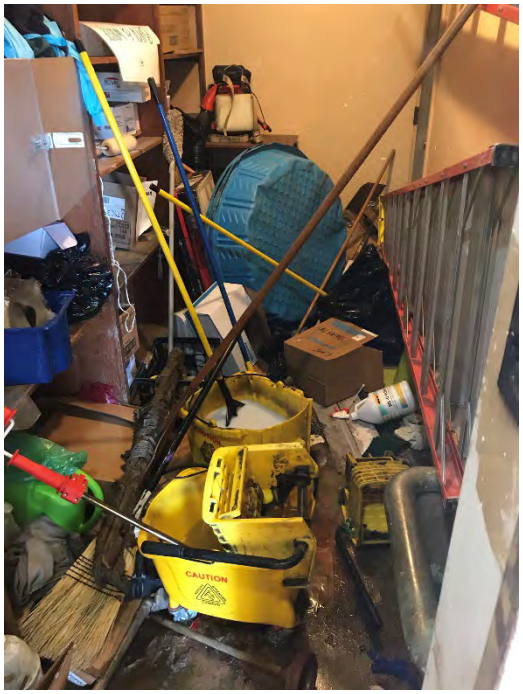
Setting up your workstation

- Kitchen

- Custodian



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Maintenance/Custodian

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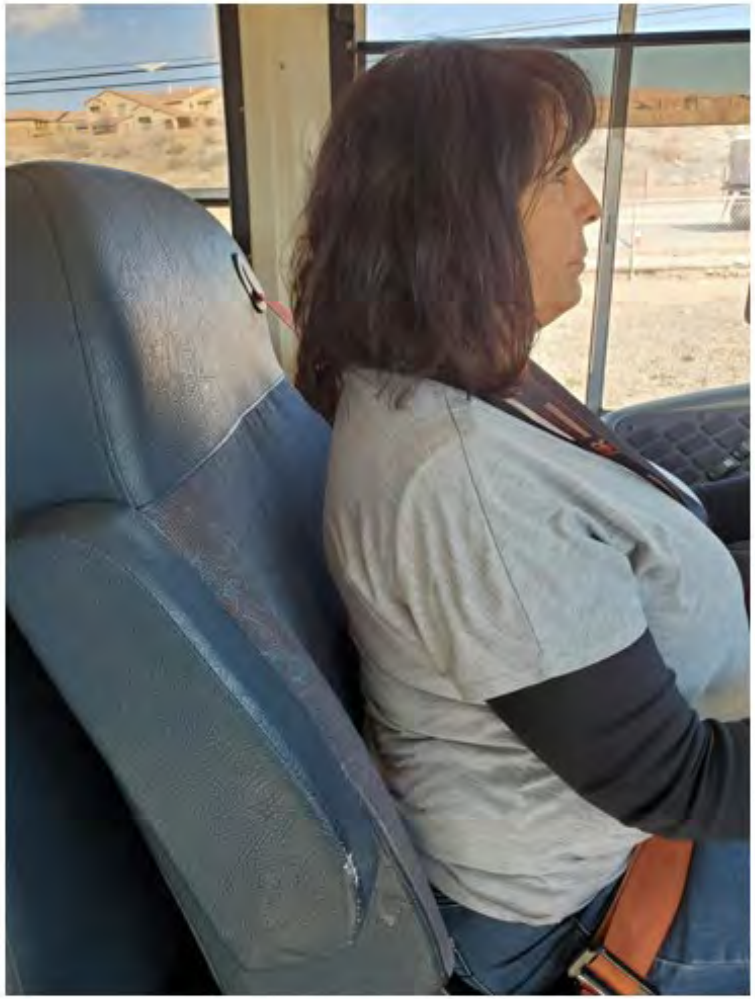
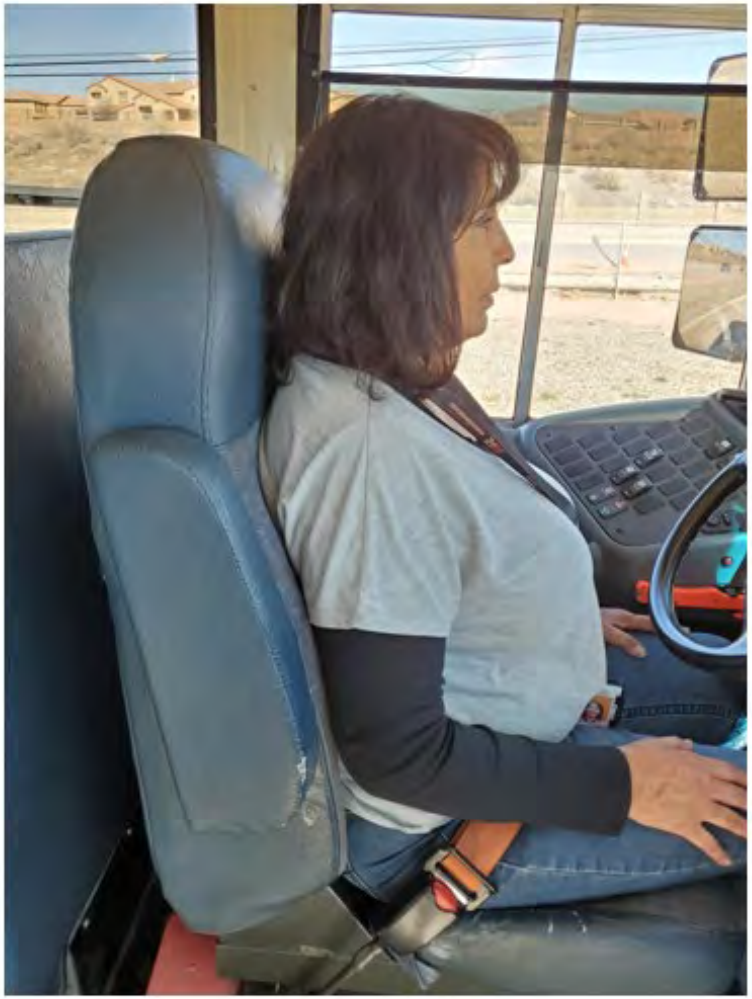
Bus Driver





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The Basics for Workstation Setup

- Chair
- Desk
- Monitor
- Keyboard
- Mouse

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She has "the 5"- but not an ergonomic setup

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Chair/Desk

Don't Perch on the Edge of Your Chair.
Use Your Back Support.

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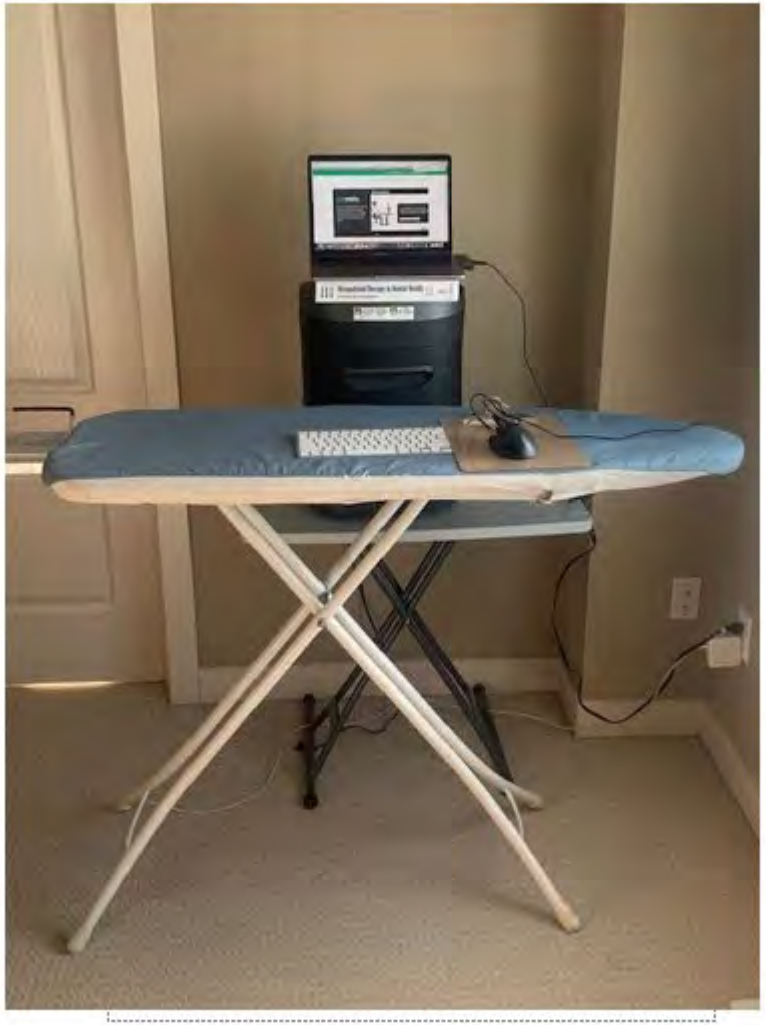
Desk-Standing Options



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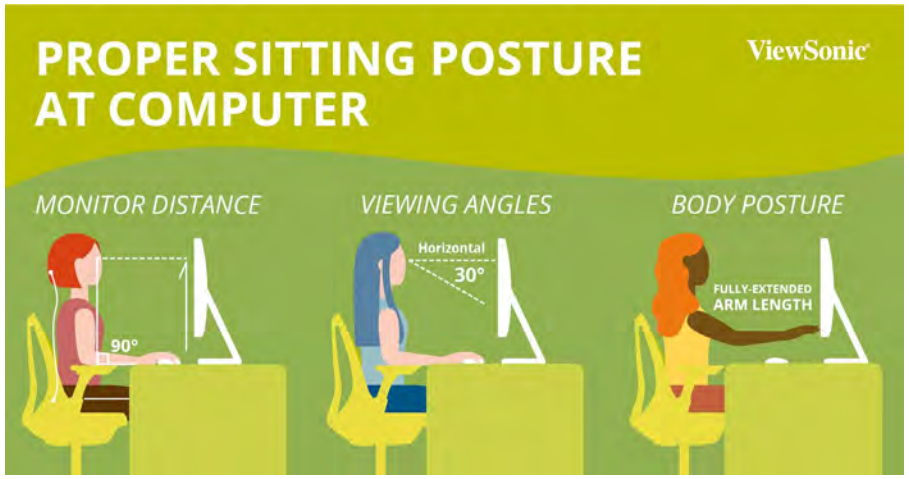
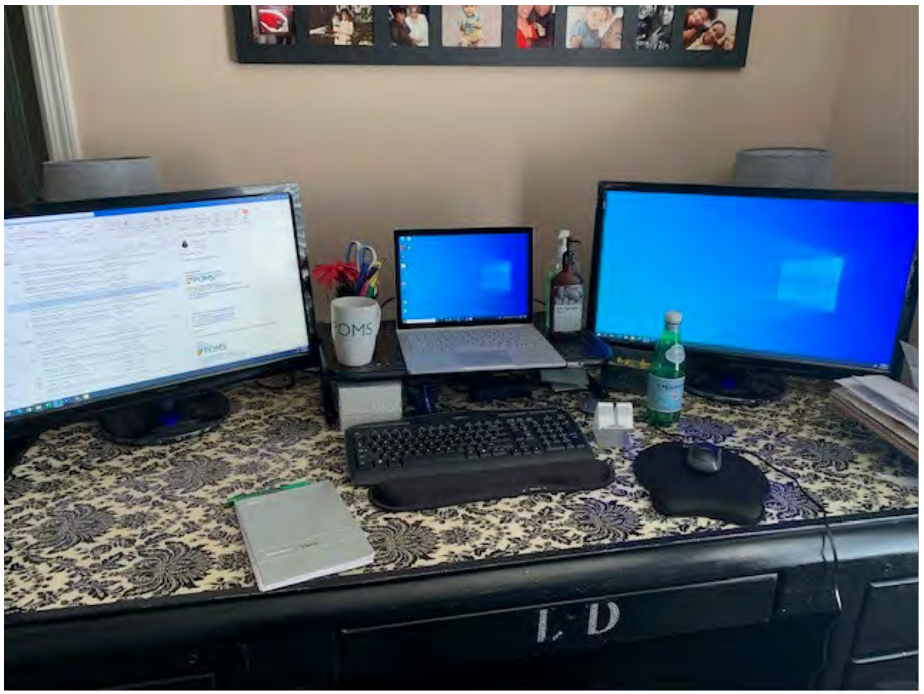
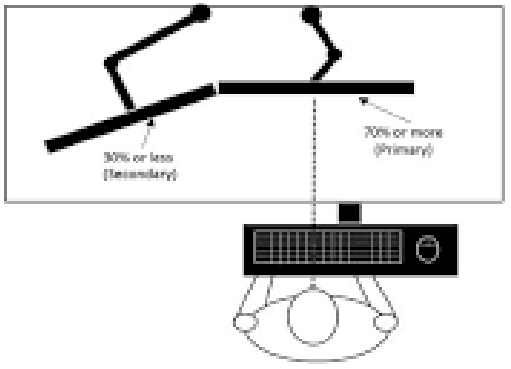
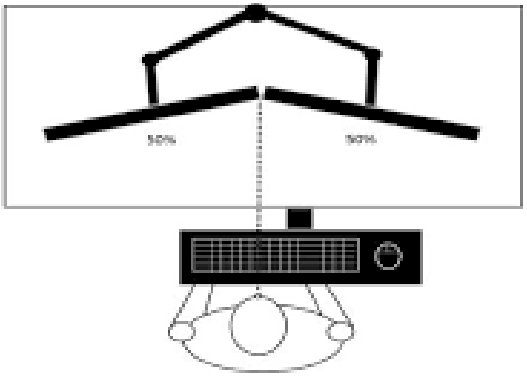
Monitor









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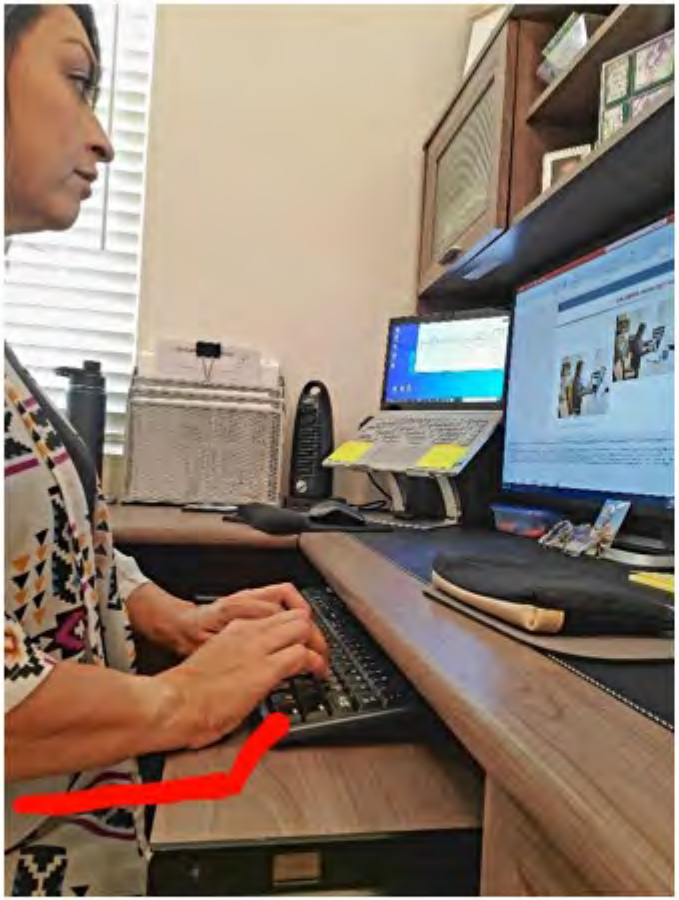
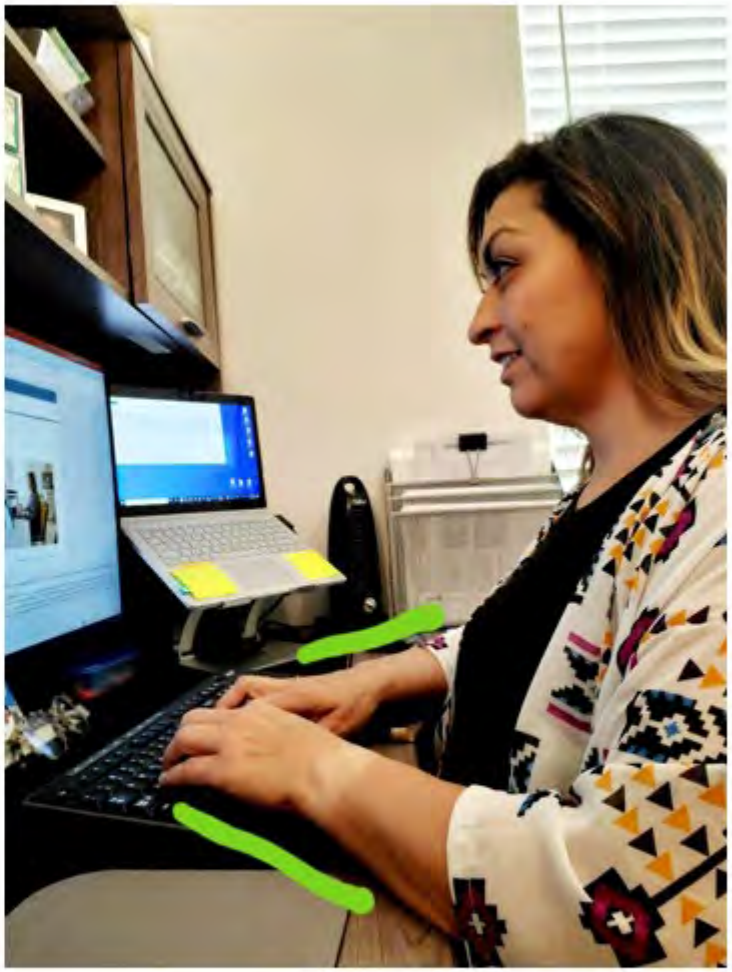
Keyboard





Keyboard in front of you.

B at Belly Button.

Shoulders relaxed and elbows close to body

Wrists in line with forearms

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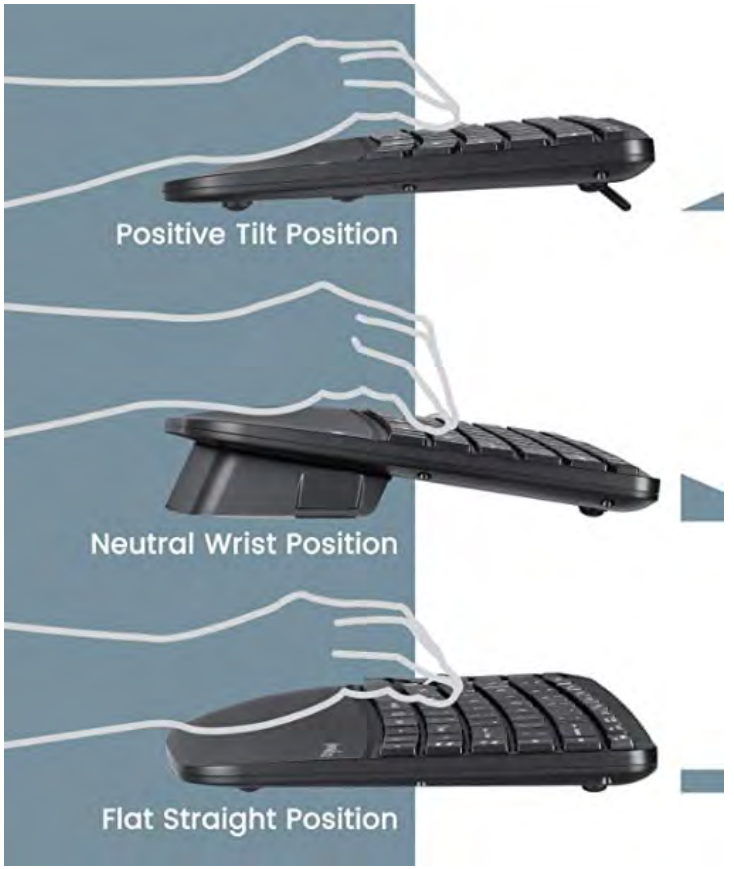
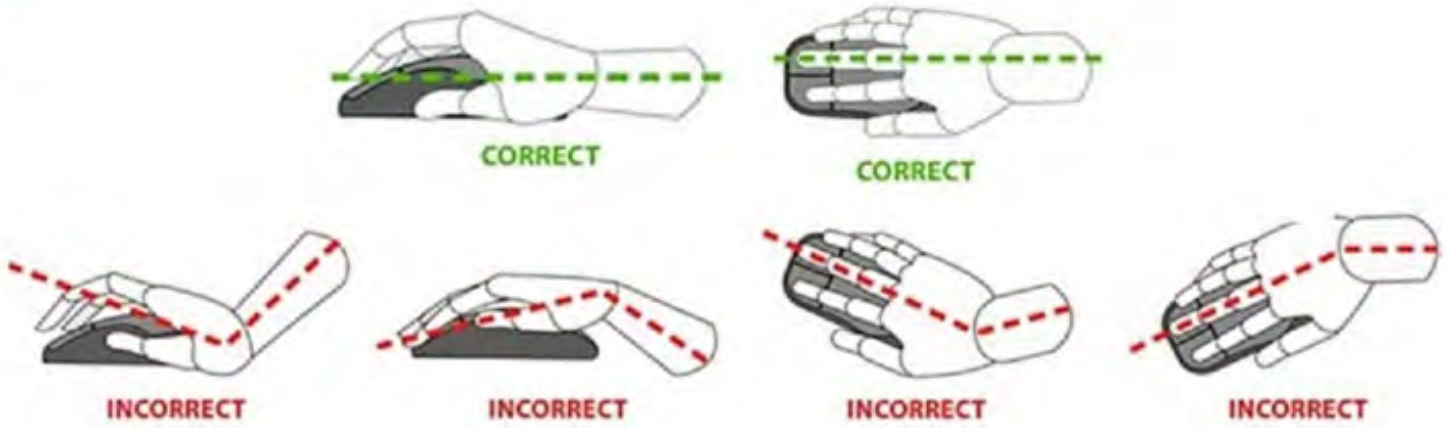
Keyboard



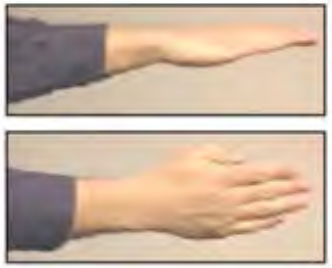
Mouse



Neutral Posture

Neutral Wrist Posture:

Deviations from this posture increase the risk of injury.



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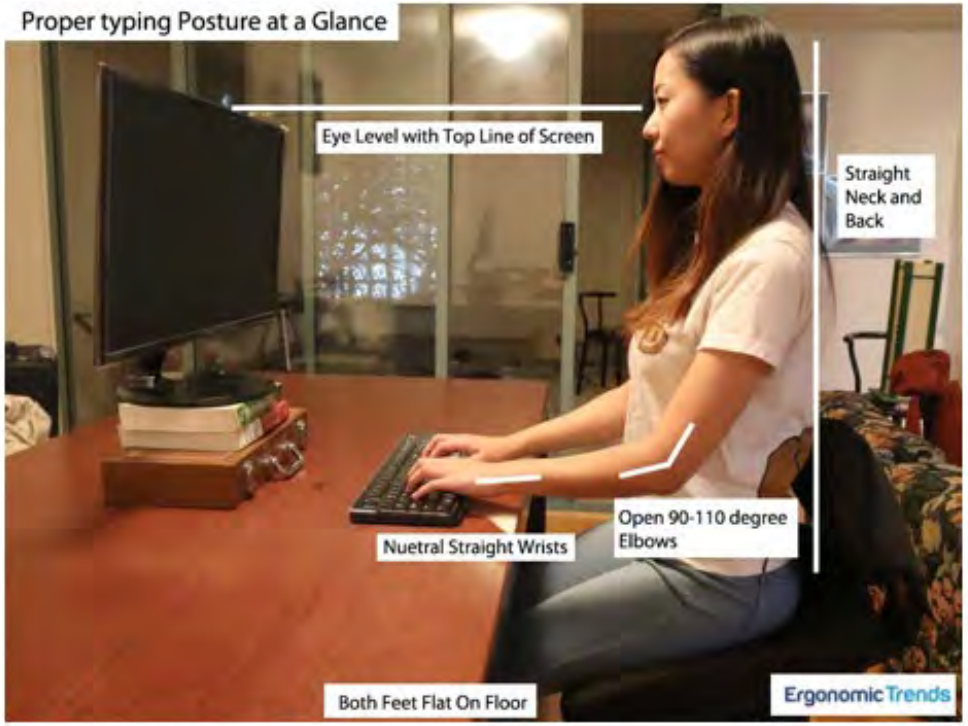
More Power Zone



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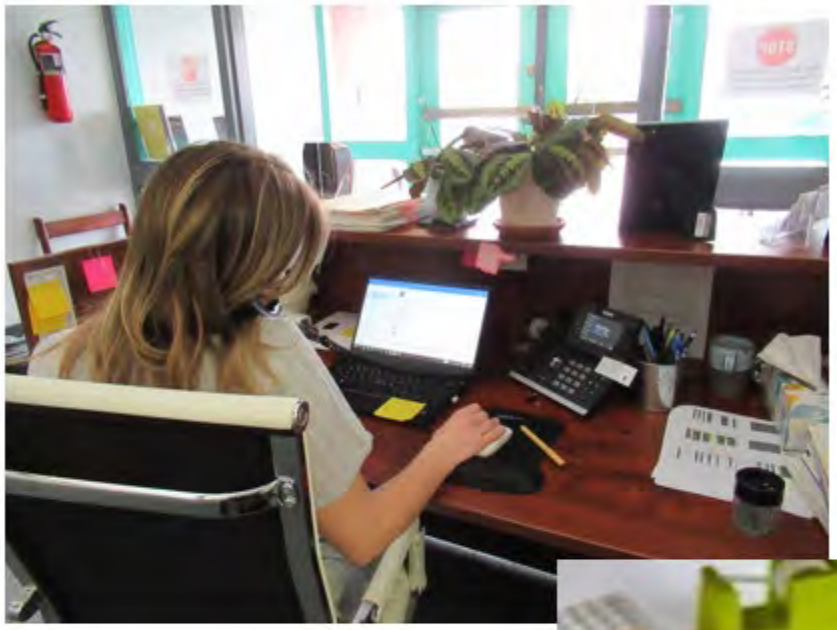
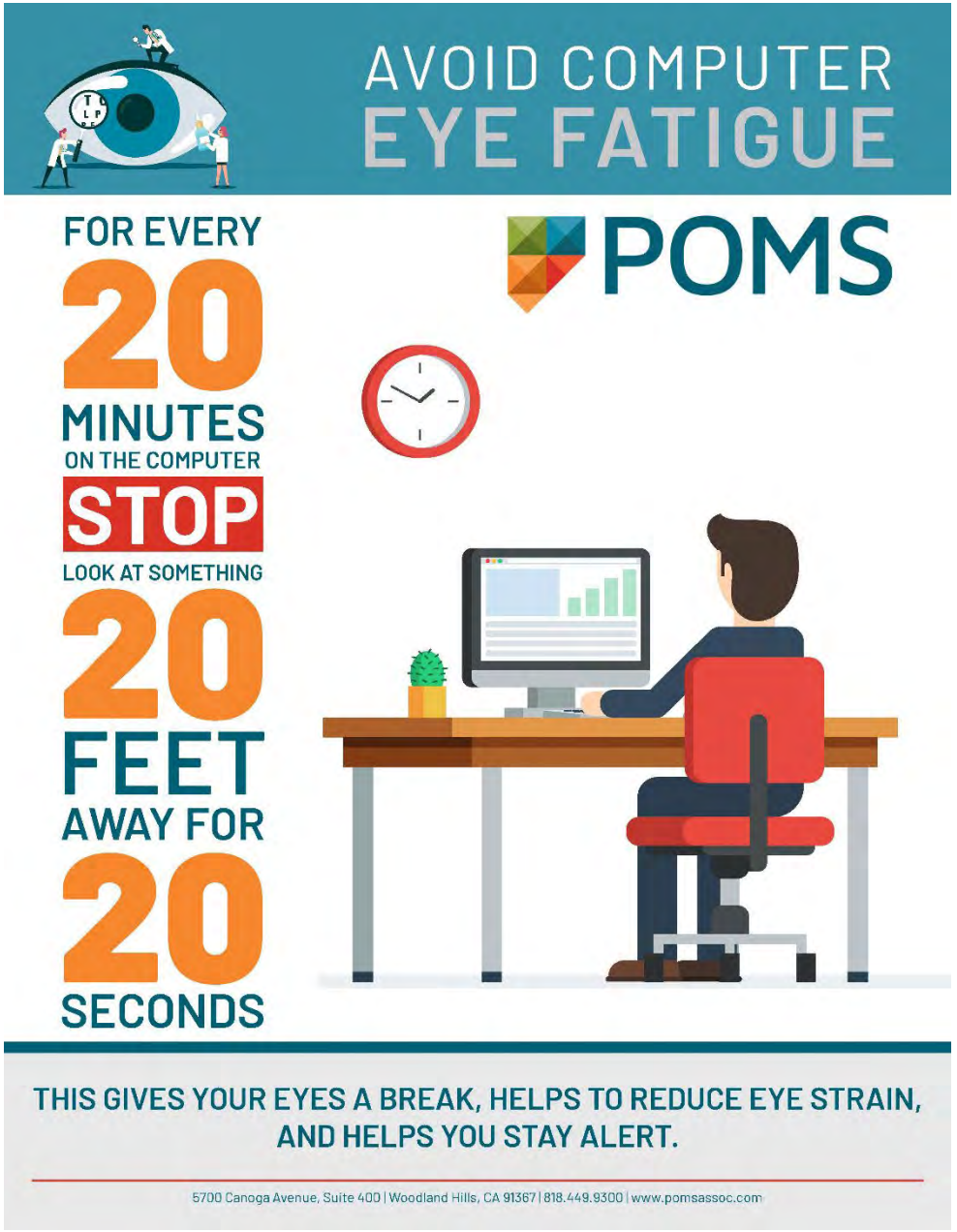
Other Items To Consider



- Headset
- Wrist support
- Document holder
- Tablet Holder
- Electric stapler

20/20/20 Rule


AVOID COMPUTER
EYE FATIGUE
POMS
FOR EVERY
20
MINUTES
ON THE COMPUTER
STOP
LOOK AT SOMETHING
20
FEET
AWAY FOR
20
SECONDS
THIS GIVES YOUR EYES A BREAK, HELPS TO REDUCE EYE STRAIN,
AND HELPS YOU STAY ALERT.
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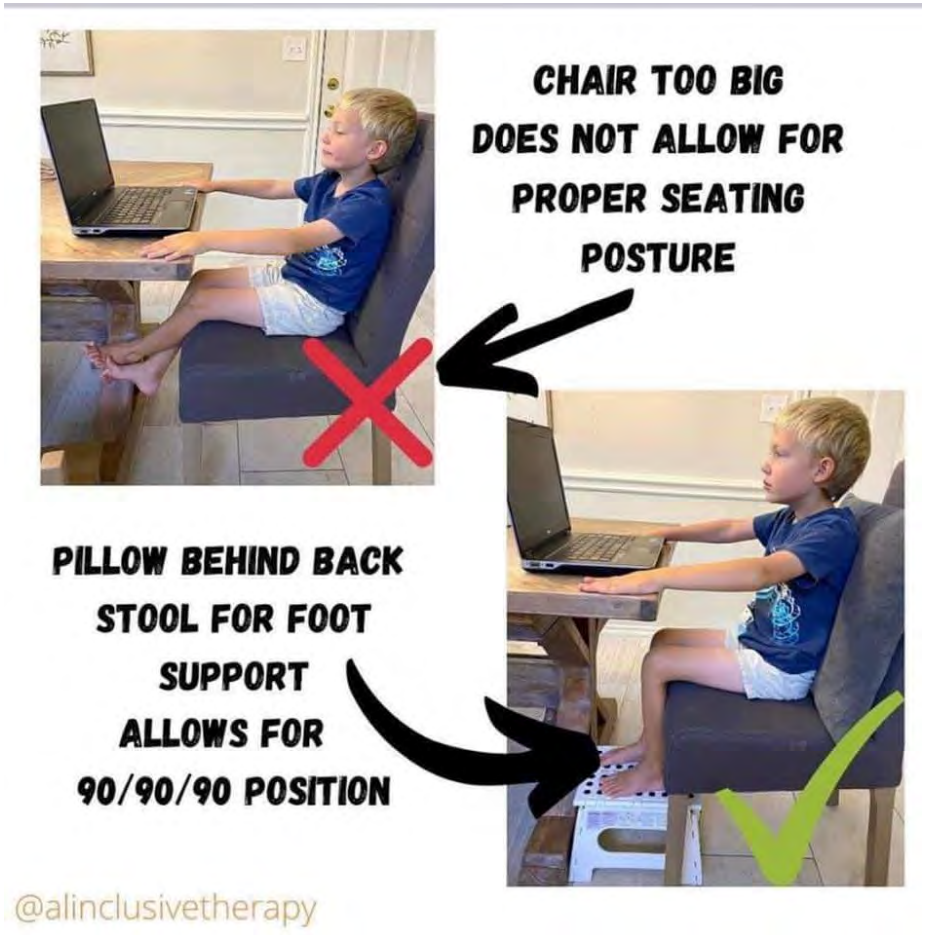
The Just Right Fit



Ergonomic Mindset-Work Athlete

Sports Athlete

Teams practice 2-4 hours a day

Most sports teams have games 1-2 times a week

Basketball has an 8 month season

Athletes mentally and physically prepare for their sport

Work Athlete

You work 8-12 hours a day

You work 5-6 days a week

You likely work 11-12 months a year

We want you to be the athlete that trains and practices self care to prevent injuries for work and home tasks

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Be an "Ergo Champ"

- Use ergonomic principles to stay healthy
- Environmental awareness
- Personal awareness: body postures
- Use the right tool for the job
- Continue to train as an industrial athlete
- Contact us for help

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Questions/Discussion

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Ergonomics Program Contact

"Your best tools are the laws of ergonomics"

Karen Mestas-Harris, OTR/L, CEAS II

kmestas@pomsassoc.com

575-693-3655

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EASI
Erisa Administrative Services, Inc.

CCMSI

NMPSIA Wellness

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Stop at the check-in table to pick up your Certificate of Completion.