

# *Back to Basics - Objectives*

By the end of this session, you will learn

- ✓ The role and responsibilities of the Employer Benefits Representative
- ✓ Who NMPSIA and Erisa are and what they do
- ✓ Basics of NMPSIA benefits Enrollment and Qualifying Events process
- ✓ Recognize Available Resources

## Who is NMPSIA?

NMPSIA is your Employer's Medical, Dental, Vision and Life benefits provider.

The **New Mexico Public Schools Insurance Authority** (NMPSIA) was created by the NM Legislature in 1986 to serve as a purchasing agency for public school Schools, post-secondary educational entities and charter schools. Through NMPSIA, member schools are afforded the opportunity to offer quality employee benefit and risk coverages.

## Who is ERISA?

Erisa Administrative Services Inc., is a private for-profit and Third-Party Administrator. We are not a State of New Mexico Agency.

Erisa's, Santa Fe office is contracted to independently deliver various administrative services on behalf of NMPSIA an Authority for the State of New Mexico.

# What does ERISA do?

- Personalized, guided enrollment support and benefits communication.
- Prompt and accurate plan eligibility verification for employees.
- COBRA guidance for qualifying individuals
- Attentive customer service to plan participants
- Prompt Identification and resolution of missing or invalid data
- Premium collection
- Recordkeeping
- Responsible for ongoing monitoring of regulations and health plan laws
- Up-to-date website and mobile app maintenance

*“Together we strive to make your experience personal, efficient and consistent while providing the highest level of customer service”.*

*NMPSIA and Erisa*

# Who are NMPSIA Participants?

- NMPSIA and their eligible dependents
- Eligible participating entity governing body members; school board members and board retirees
- Post-secondary educational entities and eligible retirees
- NM public and charter schools (except APS)
- Persons or entities authorized to participate in the authority's employee benefit, risk-related and due process reimbursement coverages.

# Who is the Employer Benefits Representative?

An employee of a NMPSIA participating entity who is responsible **for the management of employee benefits in the NMPSIA benefits process.**

The Employer Benefits Representative should be equipped with excellent knowledge in all benefit programs including Medical, Dental, Vision, and Life coverages.

# Benefits Enrollment and Eligibility



# Benefits Enrollment & Eligibility

## Benefit Enrollment Guidelines

### Eligible for benefits if:

- Employer is a participating entity and has deemed the employee eligible for benefits
- Employee is active at work on the day coverage is scheduled to start
- Employee works the minimum qualifying number of hours established by employer

# Benefits Enrollment & Eligibility

## Benefit Enrollment Guidelines

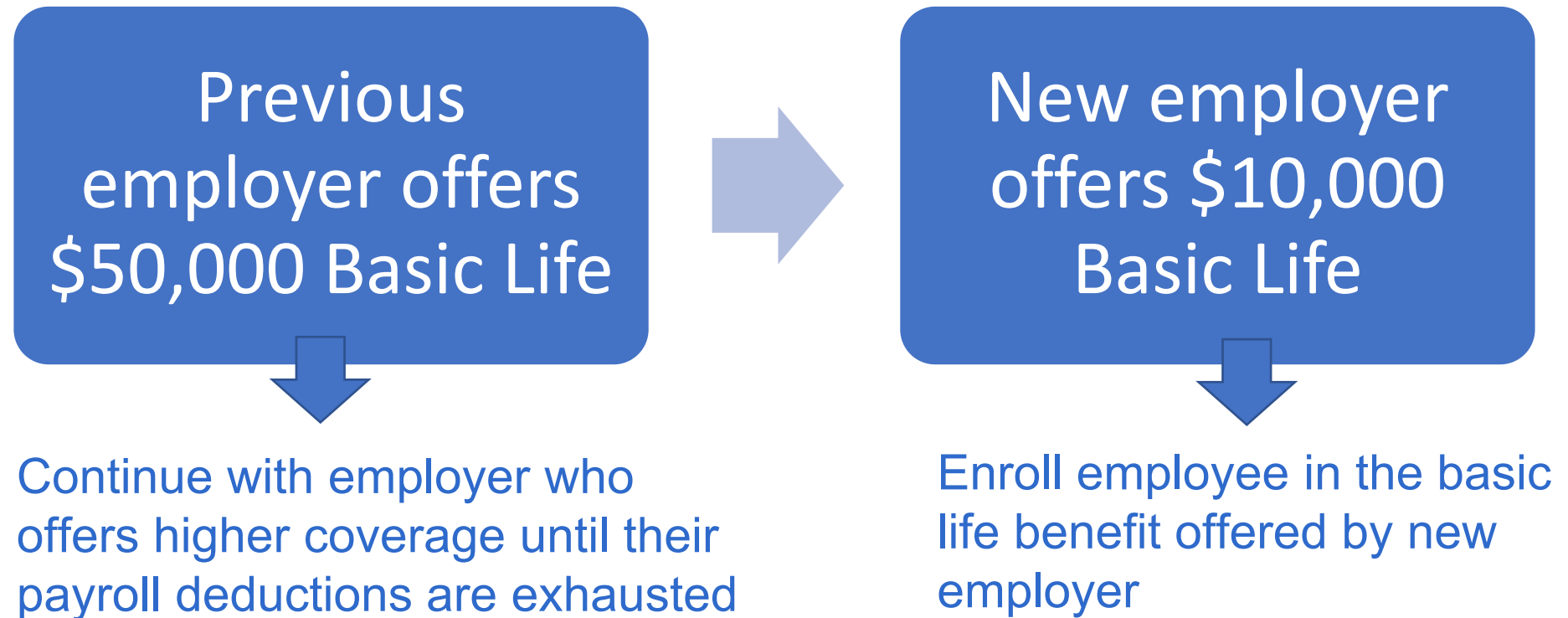
### Automatic Basic Life Enrollment

- Enroll employee in the basic life benefit amount offered by employer
- Basic life coverage is effective the first day of the month following date of hire (DOH) or first day employee reports to work.

# Benefits Enrollment & Eligibility

## Benefits Enrollment Guidelines

Better Benefit: Employee hired from a NMPSIA participating school



# Benefits Enrollment & Eligibility

## Benefit Enrollment Guidelines

### **NMPSIA Requirements:**

- Must work 15 hours or more per week to receive basic life insurance
- Must work 20 hours or more per week to enroll in other lines of coverage
- Employer determines the rate of basic life insurance for its eligible employees
- Employee has 31 days from DOH to apply for all benefits offered by employer.

# Enrollment Requirements

## Required Documentation

- Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) for employee and dependents are required to enroll in NMPSIA Group Plan.

*Note: For International Dependents – if SSN or ITIN has not been received by the time benefits are scheduled to start, a temporary identification number will be assigned by Erisa.*

# Eligible Dependents

## Supportive Documentation

ELIGIBLE DEPENDENT	SUPPORTIVE DOCUMENTATION REQUIRED
<p><b>Legal Spouse</b></p>	<p>Original official state publicly filed marriage certificate from the County Clerks Office or from the Bureau of Vital Statistics</p>
<p><b>Domestic Partner</b> (only if employer has elected this option)</p>	<p>Notarized affidavit of domestic partnership</p>
<p>Child UNDER the age of 26 as follows:</p> <ul style="list-style-type: none"> <li>• <b>Natural Child or Stepchildren</b></li> <li>• <b>Legally Adopted Child</b></li> <li>• <b>Child for whom you have obtained legal guardianship and whom is primarily dependent on the eligible employee for maintenance and support</b></li> </ul>	<p>Original official state publicly filed birth certificate from the Bureau of Vital Statistics (<b>hospital birth registration is acceptable</b>)</p> <p>Evidence of placement by a state licensed agency, government agency or a court order/decreed (<b>notarized statement and power of attorney not acceptable</b>)</p> <p>Legal Guardianship documents if evidenced in a court order or decree ( <b>notarized statement and power of attorney or kinship documents are not acceptable</b>)</p>

# Eligible Dependents

## Supportive Documentation

ELIGIBLE DEPENDENT	SUPPORTIVE DOCUMENTATION REQUIRED
<ul style="list-style-type: none"> <li>• <b>Foster child</b> living in the same household as a result of placement by a state licensed placement agency provided that the foster home is appropriately licensed.</li> </ul>	<p>Placement order AND foster home license</p>
<ul style="list-style-type: none"> <li>• <b>Dependent child with qualified medical child support order.</b></li> </ul>	<p>Medical Child Support Order</p>
<ul style="list-style-type: none"> <li>• <b>Child enrolled in the NMPSIA Group Plan who reached age 26 while covered under the NMPSIA Group Plan*</b>, who is wholly dependent on the eligible employee for maintenance and support, who is incapable of self-sustaining employment because of mental or physical impairment. (*If child is not enrolled and covered under the NMPSIA Group Plan prior to reaching age 26, child is NOT an eligible dependent.</li> </ul>	<p>Evidence of incapacity and dependency in the form of a physician statement indicating diagnosis and prognosis and application must be provided 31 days before the child reached age 26 or within 31 days from the date the child becomes incapacitated while covered under the NMPSIA Group Plan (final determination is made by each insurance carrier)</p>

# Ineligible Dependents

## INELIGIBLE DEPENDENTS

- Ex-spouses (even if stipulated in a final divorce decree; the employee will be responsible for repaying NMPSIA for losses)
- Common law relationships of the same or opposite sex which are not recognized by NM law. (legally issued common law marriage certificates issued by and recognized by other states are acceptable)
- Dependents while in active military service
- Children left in the care of an eligible employee without evidence of legal guardianship
- Parents, aunts, uncles, brothers, sisters, or any other person not defined as eligible dependent under NMPSIA Rules
- Domestic partners **unless** your employer has elected this option



# Deadlines for Enrollment

- Eligible employees and their dependent(s) may apply to enroll for NMPSIA benefits within 31 days from DOH (first day of work) or within 31 days from a qualifying event that changes the status.
- If the 31-day enrollment period is missed or declined employee may apply during the established open enrollment period in the fall and coverage will go into effect on January 1st of the following year.

# Deadlines for Enrollment

## LTD, SPLF, ADL

- Employee may apply for Long Term Disability (LTD) and/or Additional Life (ADL) or Spouse Life (SPLF) coverage at any time. However, coverage is not guaranteed.
- To add or increase ADL or SPLF coverage, an evidence of insurability must be provided. If approved, coverage will become effective the first of the month following approval by The Standard.

*Note: LTD, ADL or SPLF is not offered during the annual open enrollment period.*

# Deadlines for Enrollment

## Open/Switch Enrollment

Once enrolled, an employee may switch medical and dental carriers or medical and dental plans during the annual switch enrollment period in the fall, and coverage will start January 1<sup>st</sup> of the following year.

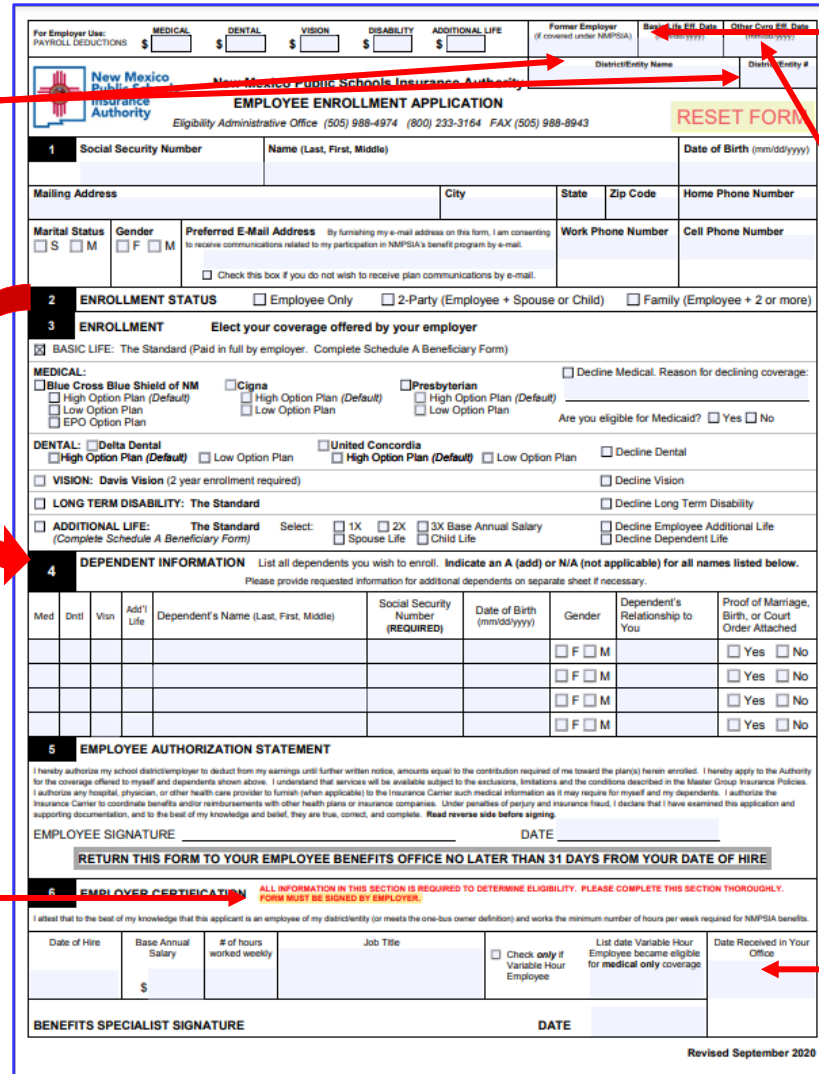
# NMPSIA Employee Enrollment Application

[https://nmpsia.com/pdfs/1.1.2021\\_Enrollment\\_Application\\_2020-09-10.pdf](https://nmpsia.com/pdfs/1.1.2021_Enrollment_Application_2020-09-10.pdf)

School Name and School Number

Section 4 Dependent Information reflects selection of Section 2 Enrollment Status

ER is responsible to complete the EMPLOYER CERTIFICATION section after verifying the form is completed in its entirety



The form is titled "EMPLOYEE ENROLLMENT APPLICATION" and includes sections for:
 

- For Employer Use:** MEDICAL, DENTAL, VISION, DISABILITY, ADDITIONAL LIFE.
- Formal Employer:** District/Entity Name, District/Entity #.
- Basic Life:** Basic Life Eff. Date, Other Core Eff. Date.
- Section 1:** Social Security Number, Name (Last, First, Middle), Date of Birth (mm/dd/yyyy), Mailing Address, City, State, Zip Code, Home Phone Number.
- Marital Status:** S (Single), M (Married), F (Female), M (Male).
- Section 2:** ENROLLMENT STATUS: Employee Only, 2-Party (Employee + Spouse or Child), Family (Employee + 2 or more).
- Section 3:** ENROLLMENT: Elect your coverage offered by your employer. Includes options for BASIC LIFE, MEDICAL (Blue Cross Blue Shield of NM, Cigna, Presbyterian, High/Low Option Plans), DENTAL (Delta Dental, United Concordia, High/Low Option Plans), VISION (Davis Vision), LONG TERM DISABILITY, and ADDITIONAL LIFE.
- Section 4:** DEPENDENT INFORMATION table with columns for Med, Dntl, Vsn, Add'l Life, Dependent's Name, Social Security Number, Date of Birth, Gender, Relationship to You, and Proof of Marriage.
- Section 5:** EMPLOYEE AUTHORIZATION STATEMENT with signature and date lines.
- Section 6:** EMPLOYER CERTIFICATION with fields for Date of Hire, Base Annual Salary, # of hours worked weekly, Job Title, and Date Received in Your Office.

Basic Life is always effective 1<sup>st</sup> of the month following the EE's date of hire

No retroactive effective dates allowed

Date Stamp Upon receipt

# Qualifying Event

# Qualifying Event

## What is a Qualifying Event?

- Birth
- Marriage or Notarized Affidavit of Domestic Partnership
- Adoption of a child or child placement order in anticipation of adoption
- Incapacity of a child while covered under the NMPSIA Group Plan
- Legal Guardianship of a Child
- Promotion to a new job classification with a salary increase
- Divorce, annulment, or termination of domestic partnership (*not a legal separation*)
- Exhaustion of COBRA coverage
- Death

# Qualifying Event

## How to Report a Change of Status

- A change of status due to any qualifying event **MUST** be reported by the employee within 31 days of the qualifying event.
- Employee must complete, sign, and turn in a Change Card to their Employer Benefits Representative.
- Employee has 61 days from the date of the qualifying event to provide employer with all required documents.

# Qualifying Event

## Consequences of Late Reporting a Change of Status

- No retroactive or termination dates
- Delayed effective dates
- Delays or no access to benefit coverage
- Waiting for the next Open/Switch Enrollment for the following January 1<sup>st</sup>
- Require satisfactory evidence of insurability for LTD, ADL or SPLF coverage
- Employer and/or NMPSIA will not refund a premium
- Not eligible for COBRA continuation
- Ineligible claim overpayments may be collected from the employee



# NMPSIA Employee Change Card


[https://nmpsia.com/pdfs/1.1.2021\\_Change\\_Card\\_2020-09-13.pdf](https://nmpsia.com/pdfs/1.1.2021_Change_Card_2020-09-13.pdf)

School Name and  
School Number

Section 3 Dependent  
Information reflects  
selection of  
Section 2 Enrollment  
Status

Removing ineligible dependents  
may also apply to any ancillary  
benefits your employer offers

Employer is responsible to  
complete the EMPLOYER  
CERTIFICATION section  
after verifying the form is  
completed in its entirety

For Employer Use: MEDICAL DEDUCTIONS \$		DENTAL \$		VISION \$		DISABILITY \$		ADDITIONAL LIFE \$		Former Employer (if covered under NMPSIA)		Basic Life Eff. Date (mm/dd/yyyy)		Other Cvg Eff. Date (mm/dd/yyyy)	
 <b>New Mexico Public Schools Insurance Authority</b> <b>EMPLOYEE CHANGE CARD</b> Eligibility Administration Office (505) 988-4974 (800) 233-3164 FAX (505) 988-8943										District/Entity Name		District/Entity #		<b>RESET FORM</b>	
1 Social Security Number				Name (Last, First, Middle)				Date of Birth							
Mailing Address						City		State		Zip Code		Home Phone Number			
Marital Status <input type="checkbox"/> S <input type="checkbox"/> M		Gender <input type="checkbox"/> F <input type="checkbox"/> M		Preferred E-Mail Address				Work Phone Number		Cell Phone Number					
<b>REASON FOR CHANGE:</b> <input type="checkbox"/> Late Enrollment <input type="checkbox"/> New address and/or phone number <input type="checkbox"/> Open/Switch Enrollment <input type="checkbox"/> Qualifying Event										<b>Answer questions below</b> What event took place? _____ What date did event take place? _____					
<b>2 ENROLLMENT</b>															
What is your current enrollment status? <input type="checkbox"/> Employee Only <input type="checkbox"/> 2-Party (Employee + Spouse or Child) <input type="checkbox"/> Family (Employee + 2 or more)															
What enrollment status are you requesting? <input type="checkbox"/> Employee Only <input type="checkbox"/> 2-Party (Employee + Spouse or Child) <input type="checkbox"/> Family (Employee + 2 or more)															
Check One: <input checked="" type="checkbox"/> ADD COVERAGE <input type="checkbox"/> CANCEL COVERAGE <input type="checkbox"/> SWITCH ENROLLMENT															
<input checked="" type="checkbox"/> BASIC LIFE: The Standard															
<b>MEDICAL:</b>															
<input type="checkbox"/> Blue Cross Blue Shield of NM <input type="checkbox"/> Cigna <input type="checkbox"/> Presbyterian <input type="checkbox"/> Decline Medical															
<input type="checkbox"/> High Option (Default) <input type="checkbox"/> High Option Plan (Default) <input type="checkbox"/> High Option (Default)    Reason: _____															
<input type="checkbox"/> Low Option <input type="checkbox"/> Low Option Plan <input type="checkbox"/> Low Option    Eligible for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No															
<input type="checkbox"/> EPO Option															
<b>DENTAL:</b> Delta Dental: <input type="checkbox"/> High Option (Default) <input type="checkbox"/> Low Option    United Concordia: <input type="checkbox"/> High Option (Default) <input type="checkbox"/> Low Option <input type="checkbox"/> Decline Dental															
<input type="checkbox"/> VISION: Davis Vision (2 year enrollment required) <input type="checkbox"/> Decline Vision															
<input type="checkbox"/> LONG TERM DISABILITY: The Standard (Qualifying Event or Evidence of Insurability) <input type="checkbox"/> Decline Long Term Disability															
<input type="checkbox"/> ADDITIONAL LIFE: The Standard    Select: <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X Base Annual Salary <input type="checkbox"/> Decline Employee Additional Life															
<input type="checkbox"/> (Qualifying Event or Evidence of Insurability) <input type="checkbox"/> Spouse Life <input type="checkbox"/> Child Life <input type="checkbox"/> Decline Dependent Life															
<b>3 DEPENDENT INFORMATION</b> 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	Vsn	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						
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No						
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No						
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No						
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>4 EMPLOYER AUTHORIZATION STATEMENT</b>															
I hereby authorize my school district/employer to deduct from my earnings until further written notice, amounts equal to the contribution required of me toward the plan(s) herein enrolled. I hereby apply to the Authority 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 reimbursements 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. <b>Read reverse side before signing.</b>															
EMPLOYEE SIGNATURE _____										DATE _____					
<b>RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR QUALIFYING EVENT</b>															
<b>5 EMPLOYER CERTIFICATION</b> ONLY complete this section for QUALIFYING EVENTS: Part-time to Full-time with a salary increase; Promotion into a new job class with a salary increase; Decrease in salary and hours worked per week. <b>FORM MUST BE SIGNED BY EMPLOYER.</b>															
I attest that to the best of my knowledge that this applicant is an employee of my district/entity (or meets the one-bus 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	<input type="checkbox"/> Check only if Variable Hour Employee	List date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office									
	\$														
BENEFITS SPECIALIST SIGNATURE: _____										DATE: _____					

Other coverage  
effective date

What Event took place?  
What date did event take place?

Date stamp upon receipt

# General Information and Rules

# 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 of his/her enrolled dependents have been enrolled for two years.

# General Information and Rules

## 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.

# General Information and Rules

## 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)*

# Quiz #1

**True or False:**

**Erisa is your employer's Medical, Dental, Vision and Life benefits provider.**

**True**

**False**

# Quiz #2

## True or False:

An employee has 30 days to report a change or Qualifying Event.

- True
- False

# Quiz #3

## True or False:

**An employee, spouse, or their child who works for a NMPSIA participating employer cannot cover each other for the same lines of coverage.**

- a) True
- b) False



# Recognize Resources

## NMPSIA Toolbox

- Employer Local Policies
- Employer Benefits Representative
- NMPSIA Monthly Topic Trainings
- NMPSIA Website and Program Guide
- NMPSIA Benefits and Carriers
- Glossary of Terms and Acronyms
- Frequently Asked Questions (FAQ)
- Erisa Staff Resources



# Employer Benefits

## Representative Where to Start

- Become familiar with the terms and functions of NMPSIA, Erisa and all Employers
- Study the NMPSIA Program Guide where you will find all of the NMPSIA Carriers and Consultants, plan offerings and descriptions, premium rates, benefits enrollment guidelines, and a list of participating employers. You can find the Program Guide at <https://nmpsia.com/programGuide.html>
- Find out who your assigned Erisa Benefits Representative is by calling Erisa at (505) 988-4974 or (800) 233-3164 and ask to speak to the representative who services your School or charter.

## Employer's Local Policies



# NMPSIA Trainings and Tutorials

<https://nmpsia.com/MonthlyTopicTrainings.html>

NMPSIA Annual Benefits Trainings

Accurate & Timely Reporting

Back to Basics


Employee Qualifying Events

Evidence of Insurability (EOI)

Feedback Tutorial

How to Fill Out NMPSIA Forms Effectively

## NMPSIA Annual Benefits Trainings

 [2023 Spring Budget Workshop](#)

 [2023 Annual Benefits Trainings](#)

# NMPSIA Website and Program Guide

<https://nmpsia.com/>

<https://nmpsia.com/programGuide.html>











## EMPLOYEE HEALTH & WELL-BEING BENEFITS PROGRAM GUIDE

July 2022

# NMPSIA Benefits Carriers



MEDICAL			
Carrier	Group Number	Customer Service	Website Address
 BlueCross BlueShield of New Mexico	N05501 – High N05502 – Low 213895 – EPO	1.888.966.7742	<a href="https://www.bcbsnm.com/nmpsia">https://www.bcbsnm.com/nmpsia</a>
Video Visits: mdlive.com! NMPSIA (or visit bcbsnm.com; log in as a member to locate the link)			
	3343552	1.800.244.6224	<a href="https://connections.cigna.com/newmexico/">https://connections.cigna.com/newmexico/</a>
Video Visits: visit myCigna.com for an appointment via MDLIVE			
 <b>PRESBYTERIAN</b> Health Plan, Inc.	A0000035	1.888.275.7737	<a href="https://www.phs.org/health-plans/employer-plans/Pages/new-mexico-public-schools-insurance-authority.aspx">https://www.phs.org/health-plans/employer-plans/Pages/new-mexico-public-schools-insurance-authority.aspx</a>
Video Visits: visit phs.org and click on "Login to MyPres" to locate link			
PRESCRIPTION DRUGS			
 <b>CVS caremark</b>	Rx BIN 04336	1.877.787.0652	<a href="https://www.caremark.com/">https://www.caremark.com/</a>
DENTAL			
	8564	1.877.395.9420	<a href="https://www.deltadentalnm.com/">https://www.deltadentalnm.com/</a>
 UNITED CONCORDIA DENTAL Protecting More Than Just Your Smile®	812022 (refer to ID card for subgroup #)	1.888.898.0370	<a href="https://www.unitedconcordia.com/home">https://www.unitedconcordia.com/home</a>
VISION			
 VersantHealth bringing you DavisVision	7129	1.800.999.5431	<a href="https://www.davisvision.com/member">https://www.davisvision.com/member</a>
LIFE AND DISABILITY			
	645549	1.888.609.9763 Ext. 0957	<a href="https://nmpsia.com/TheStandard.html">https://nmpsia.com/TheStandard.html</a>



# Glossary of Terms and Acronyms

## Back to Basics Glossary of Terms and Acronyms

Acronym	Term	Definition
ADL	Additional Life	A NMPSIA benefit - 1X, 2X or 3X base annual earnings to a maximum of \$500,000. Employee pays 100%
COBRA	Consolidated Omnibus Budget Reconciliation Act	A health insurance program that allows eligible employees and their dependents the continued benefits of health insurance coverage when an employee loses their job or experiences a reduction of work hours.
DEP	Dependent	A child or individual who can be claimed by employee
DOH	Date of Hire	The first day a new employee reports to work.
EE	Employee	Employee of a NMPSIA participating entity
ER	Employer	Employer of a NMPSIA participating entity
FAQ	Frequently Asked Questions	
ITIN	Individual Taxpayer Identification Number	A tax processing number issued by the Internal Revenue Service to individuals who are required to have a US taxpayer identification number but who not have or are not eligible for a social security number.
LTD	Long Term Disability	Long-term disability insurance is coverage intended to protect your income if you are unable to work due to illness or injury.
NH	New Hire	A newly hired benefits eligible employee who works for a NMPSIA participating employer.
NMPSIA	New Mexico Public Schools Insurance Authority	Serves as the purchasing agency for public school districts, post-secondary educational entities, charter schools and other educational entities. Through NMPSIA, member participating employers are afforded the opportunity to offer quality employee benefit and risk coverages.
Online	NMPSIA Online Benefits System	NMPSIA's electronic enrollment system available to participating employers and benefits enrolled employees that allows users to view, update and change enrollment.
QE	Qualifying Event	A change in an employee's status
EASI or Erisa	Erisa Administrative Services, Inc.	NMPSIA's Third Party Administrator who handles enrollment, eligibility, premium billing, premium collection and COBRA administration.
SPLF	Spouse Life	A NMPSIA benefit - Spouse/Domestic Partner eligible for lesser of 50% of employee's coverage or 1X employee's base annual earnings. Employee pays 100%
	Employee Benefits Representative	An employee of a NMPSIA participating entity who is responsible for the management of employee benefits in the NMPSIA benefits process.
	Domestic Partnership	Two people of the same or opposite sex who share a domestic life but are not married or joined by a civil union.
	2021 Change Card	Form used to report a Qualifying Event or change to an employees status or demographic information
	Affidavit for Domestic Partner	Affidavit used to apply for domestic partner benefits (only if employer participated in this benefit)
	Open Enrollment Period	The yearly period when people can enroll in a health insurance plan effective the following year in January.

# Frequently Asked Questions (FAQ)

## Back to Basics Training Employer Frequently Asked Questions

- 1. Can an employee and his/her spouse who also works for a NMPSIA participating entity cover each other for the same lines of coverage?**  
No. NMPSIA rules do not permit double coverage within the NMPSIA group plan.
- 2. What is the 2 Year Vision Rule?**  
Vision coverage has a 2 year enrollment requirement. Once enrolled the vision plan cannot be dropped until the employee and each of his/her enrolled dependents have been enrolled for two years.
- 3. How many days does a new employee have to enroll in benefits?**  
A new hire employee has 31 days from their date of hire to enroll in benefits.
- 4. When does Basic Life coverage become effective?**  
Basic Life coverage is effective on the first day of the following month from the date of hire.
- 5. How many days does an employee have to report a Qualifying Event?**  
An employee MUST report a qualifying event within 31 days of the occurrence.
- 6. How many days does a new hire employee have to submit documentation to enroll dependents?**  
A new employee has 61 days from the date the employee's coverage starts.
- 7. If a final divorce decree states that an employee is to keep ex-spouse on his insurance, does NMPSIA honor this stipulation?**  
No. Ex spouses (even if stipulated in a final divorce decree) are not considered eligible dependents under the NMPSIA rules and if not reported, the employee will be responsible for repaying NMPSIA for losses.
- 8. Can an employee apply for LTD, ADL or SPLF at any time?**  
Yes. Employee may apply to add/increase LTD, ADL or SPLF coverage, however, satisfactory evidence of insurability must be provided. If approved, coverage will become effective the first of the month following approval by The Standard.
- 9. Is a divorce a qualifying event?**  
Yes. The employee MUST report within 31 days of the final divorce date and MUST submit a copy of the final divorce decree as supportive documentation when removing the ex-spouse and any enrolled step-children from benefit coverage. If the employee is losing coverage, they must also provide a Loss of Coverage letter. The divorce decree provides the why, but we have no way of knowing which coverage they are losing if a Loss of Coverage is not provided.



# Erisa Administrative Services

**Amy Bonal**

Accountant

[abonal@easitpa.com](mailto:abonal@easitpa.com)

**Angelina Ortega**

Benefits Representative

[aortega@easitpa.com](mailto:aortega@easitpa.com)

**Kathy Payanes**

Account Manager

[kpayanes@easitpa.com](mailto:kpayanes@easitpa.com)

**Saraphina Scott**

Benefits Representative

[sscott@easitpa.com](mailto:sscott@easitpa.com)

**Angie Figueroa Perez**

Receptionist

[receptionist@easitpa.com](mailto:receptionist@easitpa.com)

**Chere Garcia**

Benefits Representative

[cgarcia@easitpa.com](mailto:cgarcia@easitpa.com)

**Destiney Vigil**

Benefits Representative

[dvigil@easitpa.com](mailto:dvigil@easitpa.com)

## A review of today's session

- ✓ Defined the Employer Benefits Representative role and responsibilities
- ✓ Defined what is an Eligible and Ineligible Dependent
- ✓ Reviewed NMPSIA General Information and Rules
- ✓ Reviewed deadlines for Enrollment and Qualifying Events
- ✓ Outlined the numerous resources available