

Employee Life & Long Term Disability Insurance



Covering Today

Basic & Additional Life Insurance

Life Coverage Options

Added Life Insurance Benefit Features

Continuing Life Coverage If You Leave Employment

Long Term Disability Insurance

Added Long Term Disability Benefit Features

Referencing NMPSIA.com.

Applying for Coverage

Questions

Disclaimers

These policies have exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or terminate. Please consult the Group Policy Certificates at <https://nmopsia.com/BenefitCarriers.html> > Benefit Insurance Carriers > The Standard Life and Disability > Life and Disability Certificates and Booklets for further details.

Contact your employer's Benefits Office for additional information, including costs and complete details of coverage.

Life Insurance

Helps protect
your loved
ones and their
financial security.

1

What is it for?

2

Do you need it?

3

What are your goals?

Basic Life Insurance with AD&D*

**Coverage
for
Employees**

**Paid for
by the
Employer**

**Employer's
Choice of:**

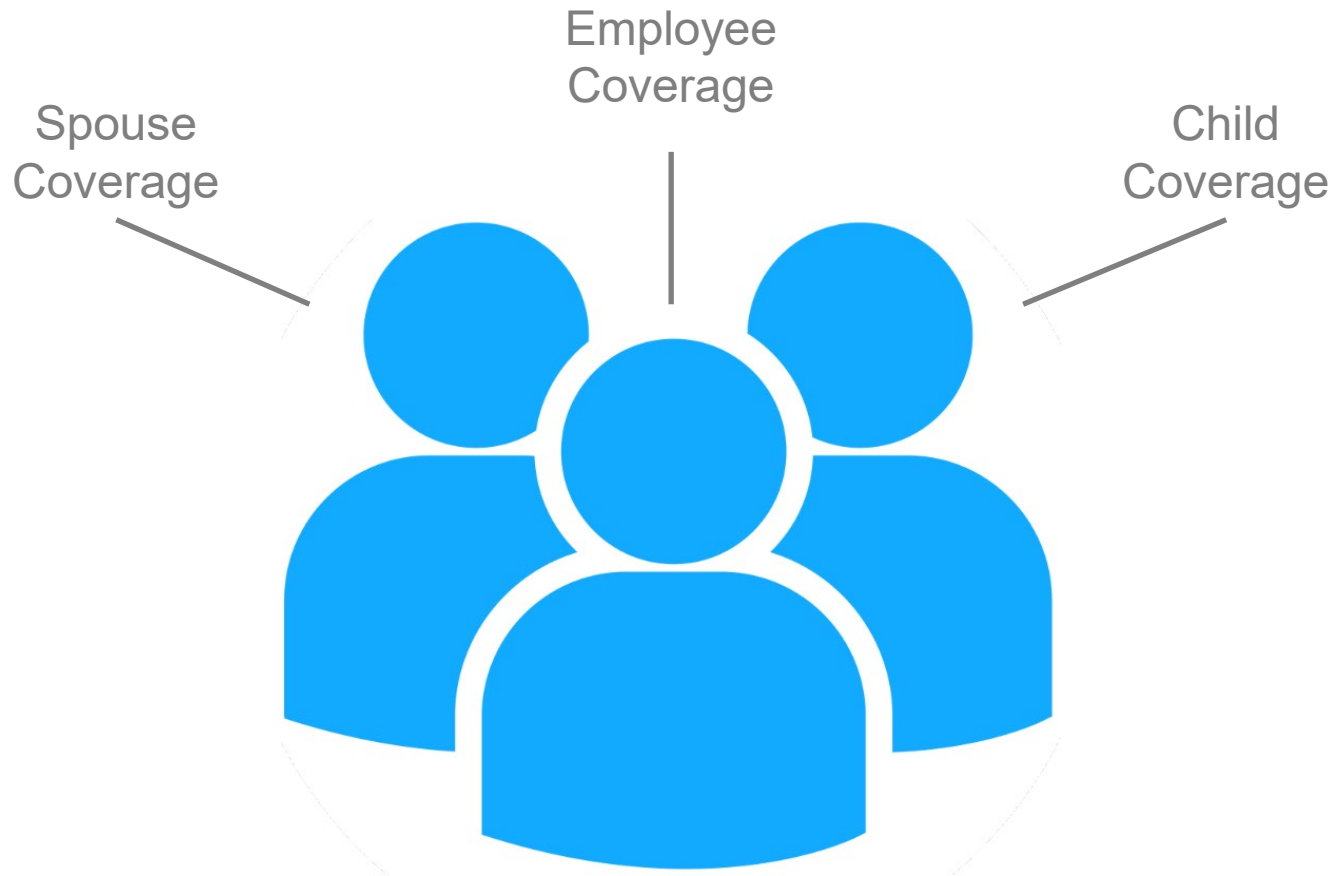
- \$10,000
- \$25,000
- \$50,000

Confirm the benefit amount offered by your employer with your Benefits Office.

*AD&D is Accidental Death and Dismemberment coverage.

The amount of AD&D is equal to the Basic Life benefit amount upon death.

Additional Life Insurance with AD&D*



Confirm that your employer offers Additional Life Insurance with your Benefits Office.

*AD&D is Accidental Death and Dismemberment coverage for the employee.
The amount of AD&D is equal to the Additional Life benefit amount upon death.

Life Coverage Options

Who is Covered?	Coverage Options	Guarantee Issue Coverage Without Health Questions
Employee	1X, 2X, or 3X base annual earnings to a maximum of \$500,000	Up to 3X base annual earnings (with timely enrollment as a new hire or with a qualifying event)
Spouse	Lesser of 50% of employee's coverage or 1X employee's base annual earnings	Up to 1X employee's base annual earnings (with timely enrollment as a new hire or with a qualifying event)
Child	\$5,000	\$5,000

This coverage is paid by the employee at 100%

Added Life Insurance Benefit Features

- **Accelerated Benefit** – Terminal Illness – up to 75% of benefit amount
- **Specified Disease Benefit** – 1 of 7 specified diseases – up to 25% of Basic Life benefit amount
- **Waiver of Premium** – if totally disabled
- **Conversion or Portability** – Options to continue coverage when benefits end
- **Repatriation Benefit** – If you die 150+ miles from home, pays to transport your body to a mortuary near your primary residence
- **Travel Assistance Program*** – Assistance when traveling 100+ miles from home
- **Life Services Toolkit*** – Tools for free will preparation and financial planning
- **Funeral Assignment** – These policies allow for a funeral assignment to pay for final expenses from the Life benefit
- **Continuation of Benefits for Dependents** – If the employee dies, any Spouse or Child Life coverage will continue for 5 months without premium payment

For complete details please visit <https://nmopsia.com/BenefitCarriers.html> > Benefit Insurance Carriers>

The Standard Life and Disability



*Travel Assistance and Life Services Toolkit are not insurance products and are provided through arrangements with third-party vendors who are solely responsible for providing and administering the included services and are not affiliated with The Standard.



Continuing Coverage If You Leave Your Job

Employment Ending

Portability

- Insured for 12+ consecutive months
- Less than age 65
- Not disabled

Conversion

For complete details on options available to continue your Life Insurance, please visit:

https://nmipsia.com/pdfs/Options_for_Continuing_Life_Insurance_8.2020-1.pdf

Retirement

NMPSIA

- Retiree Life for retirees less than age 65 may continue any Additional Life coverage lost

NMRHCA*

- May be eligible for life insurance with credit from NMPSIA life coverage lost

Portability

- Insured for 12+ consecutive months
- Less than age 65
- Not disabled

Conversion

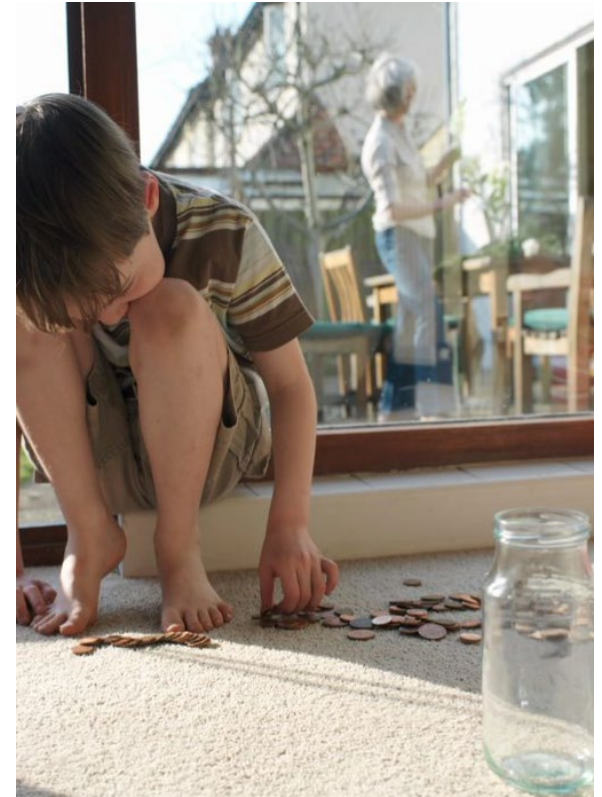
*New Mexico Retiree Health Care Authority (NMRHCA) coverage is available to Employers who participate with NMRHCA

Long Term Disability (LTD) Insurance

What steps have you taken to help shield yourself, your lifestyle and those who count on you from an unexpected loss of income?

Chances are you already purchase home, auto and life insurance to protect yourself against the threat of loss. But would you be able to meet your financial obligations if you became disabled and were unable to work?

LTD insurance pays you a monthly benefit if you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.



Confirm that your employer offers LTD Insurance with your Benefits Office.



Long Term Disability Benefit

LTD Benefit	
Benefit Waiting Period	Employer elects either: 30 days, 60 days or 90 days
Monthly Benefit	66 2/3% of first \$7,500 of your predisability earnings reduced by deductible income
Minimum/Maximum Benefit	\$100 minimum/\$5,000 maximum before reduction by deductible income
Maximum Benefit Period	Up to your normal retirement age under the Social Security Act; if you become disabled after age 65, benefits are payable according to an age-based schedule.
Who pays the premium?	
You and your employer share the cost of LTD insurance, based on your contracted base annual salary. Visit https://nmopsiaonline.nmpsia.com/EROnline/PremiumCal/ViewPremiumCal to confirm monthly premiums.	
Definition of Disability	
As a result of physical disease, injury, pregnancy or mental disorder you are unable to perform with reasonable continuity the material duties of your occupation and suffer a loss of at least 20% of predisability earnings when working in your own occupation.	

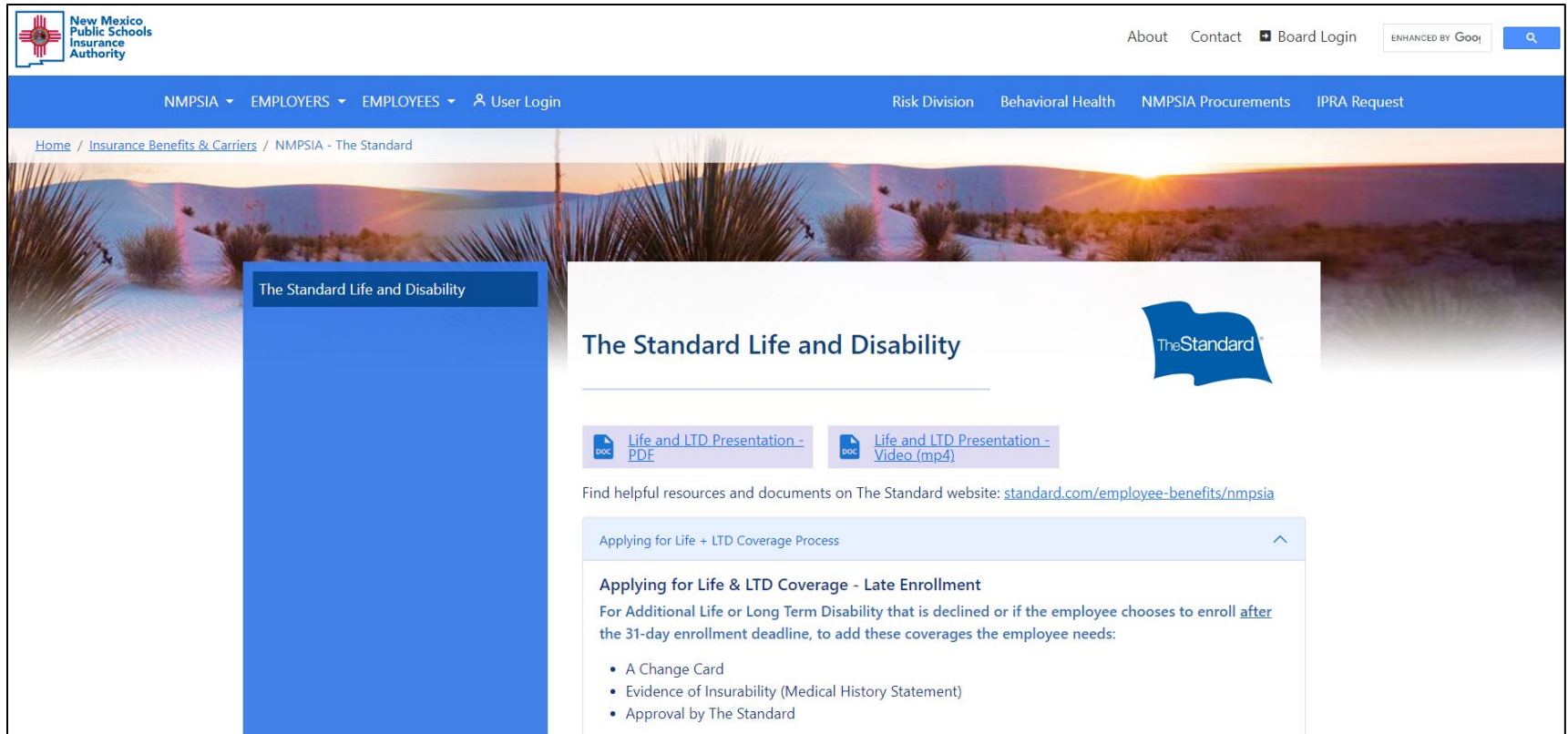
Added Long Term Disability Benefit Features

Other Features and Services

- 24-hour coverage, including coverage for work-related disabilities
- Continuation of insurance during school breaks
- Assisted living benefit
- Assistance with Social Security benefits
- Assistance with tax payments
- Lifetime security benefit
- Reasonable accommodation expense benefit
- Rehabilitation plan provision
- Return to work incentive
- Survivors benefit
- Temporary recovery provision
- Waiver of premium while LTD benefits are payable

NMPSIA.com Resources

Visit The Standard's Life and Disability page:
<https://nmpsia.com/TheStandard.html>



New Mexico Public Schools Insurance Authority

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The Standard Life and Disability

[Life and LTD Presentation - PDE](#) [Life and LTD Presentation - Video \(mp4\)](#)

Find helpful resources and documents on The Standard website: standard.com/employee-benefits/nmpsia

Applying for Life + LTD Coverage Process

Applying for Life & LTD Coverage - Late Enrollment

For Additional Life or Long Term Disability that is declined or if the employee chooses to enroll after the 31-day enrollment deadline, to add these coverages the employee needs:

- A Change Card
- Evidence of Insurability (Medical History Statement)
- Approval by The Standard

Applying for Coverage – New Hire

The first step is to visit your employer's Benefits Office.

- You only have 31 days from your date of hire (first day actively at work) to enroll in Additional Life and/or LTD benefits.
- “Enroll” means that you complete, sign and date your EMPLOYEE ENROLLMENT APPLICATION* and deliver it to the Benefits Office timely.

* Employee may enroll online if allowed by your employer

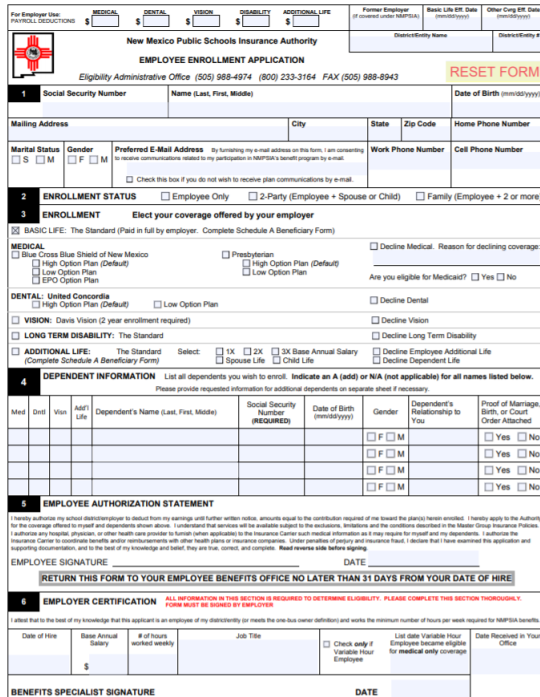


Applying for Coverage – New Hire

Employee Enrollment Application

https://nmipsia.com/pdfs/EnrollmentApplication_2018-08-15.pdf

After you receive your Confirmation of Enrollment, visit <https://nmipsia.com> and click the *User Login* button



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

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 ☐ M **Gender** ☐ F ☐ M **Preferred E-Mail Address** _____ **Work Phone Number** _____ **Cell Phone Number** _____

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

3 ENROLLMENT **Select your coverage offered by your employer**
 (If BASIC LIFE: The Standard (Paid in full by employer. Complete Schedule A Beneficiary Form))

MEDICAL: ☐ Blue Cross Blue Shield of New Mexico ☐ Presbyterian ☐ Decline Medical. Reason for declining coverage: _____
☐ High Option Plan (Default) ☐ High Option Plan (Default)
☐ Low Option Plan ☐ Low Option Plan

DENTAL: ☐ United Concordia ☐ Decline Dental ☐ Decline Dental. Reason for declining coverage: _____
☐ High Option Plan (Default) ☐ Low Option Plan

VISION: ☐ Davis Vision (2 year enrollment required) ☐ Decline Vision ☐ Decline Vision. Reason for declining coverage: _____
☐ LONG TERM DISABILITY: The Standard ☐ Decline Long Term Disability ☐ Decline Long Term Disability. Reason for declining coverage: _____

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 information for additional dependents on separate sheet if necessary.

Med	Dnt	Vsn	Adt	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

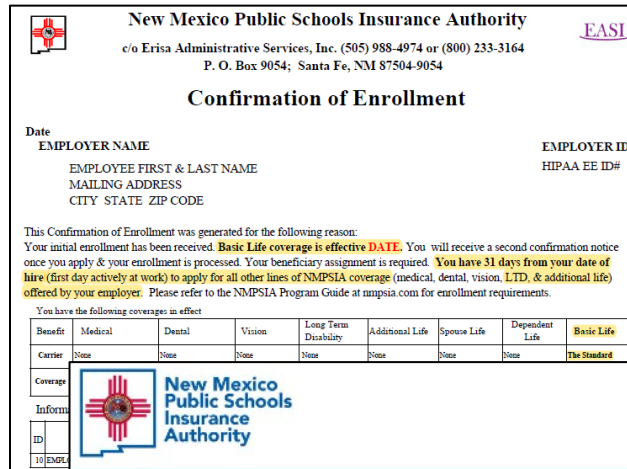
5 EMPLOYEE AUTHORIZATION STATEMENT
 I hereby authorize the actual dissemination to designated persons and further written notice, amounts equal to the contribution required of me (based on the plan's health benefit). I hereby agree to the Authority for the coverage offered to myself and dependents shown above. I understand that services will be available subject to the exclusions, limitations and the conditions described in the Member Group Insurance Policies. I authorize any hospital, physician, or other health care provider to furnish (when applicable) to the Insurance Center such medical information and I may require for review and my representation. I authorize the Insurance Center 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. Read member rate before signing.

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 attest that to the best of my knowledge that this applicant is an employee of my district/county (or meets the one-time member 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	List date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office
	\$			<input type="checkbox"/>		

BENEFITS SPECIALIST SIGNATURE _____ **DATE** _____

Revised August 2018



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

Confirmation of Enrollment

Date _____ **EMPLOYER NAME** _____ **EMPLOYER ID#** _____
EMPLOYEE FIRST & LAST NAME _____ **HIPAA EE ID#** _____
MAILING ADDRESS _____
CITY STATE ZIP CODE _____

This Confirmation of Enrollment was generated for the following reason:
 Your initial enrollment has been received. **Basic Life coverage is effective DATE.** You will receive a second confirmation notice once you apply & your enrollment is processed. Your beneficiary assignment is required. **You have 31 days from your date of hire (first day actively at work) to apply for all other lines of NMPSIA coverage (medical, dental, vision, LTD, & additional life) offered by your employer.** Please refer to the NMPSIA Program Guide at nmipsia.com for enrollment requirements.

You have the following coverages in effect

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Carrier	None	None	None	None	None	None	None	The Standard

Coverage _____ **Informa** _____ **ID** _____

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Applying for Coverage – Late Enrollment

For Additional Life or Long Term Disability that is declined or if you choose to enroll after the 31 day enrollment deadline, you need:

- A Change Card
- Evidence of Insurability (Medical History Statement)
- Approval by The Standard

This applies to requests for LTD coverage or Additional Life for yourself and Dependent Life coverage for your spouse.

Note: The late enrollment process is available anytime, but for faster decision turnaround, apply between January and August. *The annual Fall Open/Switch Enrollment is not the ideal time to apply.*



What is evidence of insurability?

EOI is a statement or proof of a person's physical condition that is required to obtain certain types of insurance.

Questions?

Contact your employer's Benefits Office for:

- Coverage amounts
- Availability of benefits
- Required enrollment process

Thank you for joining us!

<https://nmmpsia.com/BenefitCarriers.html>

Benefit Insurance Carriers

The Standard Life and Disability