



Erisa Administrative Services, Inc.

1429 2nd Street Santa Fe, NM 87505-3486

Phone: (505) 988-4974 ■ (800) 233-3164

Fax: (505) 988-8943

A large, light purple watermark of the EASI logo is oriented vertically on the left side of the page, spanning most of the page's height.

NMPSIA Online Benefit System Introductory Guide

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Acknowledgement

We would like to thank the staff and management of the following organizations for their participation and contributions to the design, development, and implementation of the Online Benefit System:

Belen Consolidated Schools

Clovis Municipal Schools

Eastern New Mexico University – Portales

Gallup-McKinley County Public Schools

Las Cruces Public Schools

Los Lunas Public Schools

New Mexico Public Schools Insurance Authority

Santa Fe Community College

Santa Fe Public Schools

The Vigil Group

NMPSIA Online Benefit System
Introductory Guide

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Employer

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



Figure 1-1: NMPSIA Online Benefit System website

If using Internet Explorer as your web browser, you should activate Compatibility View settings for using this website (Tools > Compatibility View Settings).

Login and Access

Select the Employer Login option.

When Employer Sign In screen is displayed, type in your *District ID* number. Use **TAB** key to go to *Representative Name* field. Use up and down arrow keys on your keyboard, or the Representative Name drop down list to select your name. Use **TAB** key to go to *Password* field and enter your password. Select **Login**.



Figure 1-2: NMPSIA Online Benefit System sign in screen

Home screen will show organization name, district ID number, and a table showing benefits available to your organization.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout
Truth Or Consequences Municipal Schools Policy (dist id: 73)									
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	No								
Domestic Partner	Yes								
Part Time Resolution	No								
125K Plan	07/01/2014 - 12/31/2999								
Switch Date	01/01/2016								

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 bottom left and right of the screen.

Figure 1-3: NMPSIA Online Benefit System Home Screen

The screenshot shows the home screen with a navigation bar at the top containing buttons for Home, Inquiry, Review, New Hire, Employer Information, Cancel EE, Report LOA, Training Material, Feedback, and Logout. Below the navigation bar, the organization name and district ID are displayed: "Truth Or Consequences Municipal Schools Policy (dist id: 73)". A table lists various benefits and their availability. Below the table, there are four dropdown menus for "Review", "New Hire", "Employer Information", and "Feedback".

- Review**
 - Basic Info
 - New Hire
 - Change Enrollment
 - Change Beneficiary
 - Cancel EE
- New Hire**
 - Single New Hire
 - Batch New Hire
- Employer Information**
 - Reports/Statistics
 - Change Access Info (Main)
 - Download Billing
 - Download Sample Billing
 - Supplemental Life Insurance Premium
 - Report Pay Day
 - Report Premium Split
 - System Transaction Reports
 - Salary Survey
 - Edit Password
 - Personal Settings
- Feedback**
 - Send New Message
 - Check Message

Figure 1-4a: Employer login menu options

The screenshot shows the continuation of the Employer login menu options. It displays buttons for "Cancel EE", "Report LOA", "Training Material", "Feedback", and "Logout".

- Cancel EE**
- Report LOA**
 - Report LOA
 - Change LOA Date
 - Report LOA Return
- Training Material**
 - Training Webinar
 - Download Introductory Guide
- Feedback**
 - Send New Message
 - Check Message
- Logout**

Figure 1-4b: Employer login menu options (continued)

New Hire Basic Life (BLF) Processing

New hire Basic Life enrollment can either be performed by manually entering information one employee at a time or uploading a data file with the required information. Manual entry of Basic Life enrollment information begins with entering the social security number and BLF effective date for the new hire employee.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Feedback	Edit Password	Logout	
ER_SingleNewHire										
Employer New Hire										
SSN: 073-10-0029			Effective Date: 04/01/2014			Search				

Figure 2-1: Single New Hire screen

If there's no conflict with existing database information, the system will let you continue with entering basic employee information.

If an employee's address information is longer than 25 characters, enter the secondary portion of the address like care of, unit, lot, suite, or apartment number in **Address Line 1** field and enter primary portion of address (i.e.: street and number) in **Address Line 2** field.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_SingleNewHire										
Employer New Hire										
SSN: 073-10-0055			Effective Date: 08/01/2015			Search				
Social Security No.		Last Name		First Name		Middle Name		Suffix		
073-10-0055		LUJAN		EDWARD		F.				
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	Email		Preferred Contact		
01/01/1975	Married	Male	(505)988-4973	(505)988-8943	(505)233-3164	sample@email.com		Email		
Mailing address(Box#or Street Address)			Zip	City		State	County			
line 1 APT 245			87901	TRUTH OR CONSEQUENCES		NM	SIERRA			
line 2 4621 AVENIDA SANTA CRUZ										
Employer (District or Entity Name): Truth Or Consequences Municipal Schools										
Job Title		Date of Hire		Base Annual Salary		No.of Hours Contracted Per Week		Basic Life Effective Date		
TEACHER		07/20/2015		\$40,000.00		40.00		08/01/2015		
<input type="checkbox"/> (Variable hour, seasonal, or temporary employees are only eligible to enroll in medical benefits at this time.)										
										submit

Figure 2-2: New hire basic employee information

When you have completed entering the basic employee information, click **Submit**. System will take a little bit of time to process the transaction and display “Submit successful” message when complete.

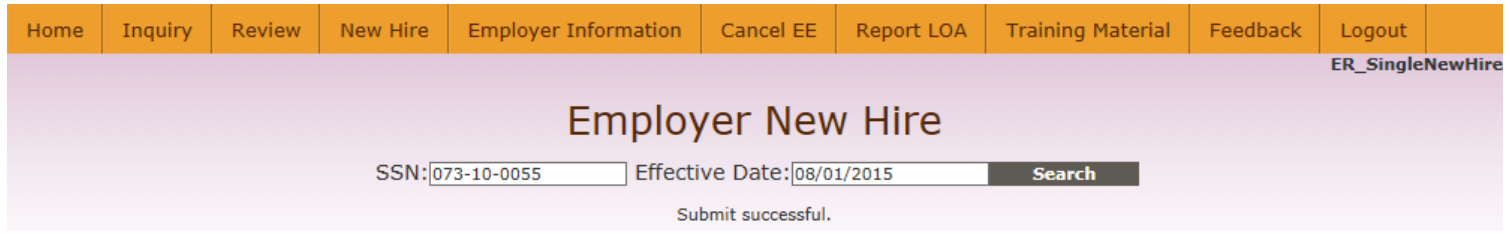


Figure 2-3: System displays “Submit successful” message when Single New Hire transaction is complete.

Once employee Basic Life enrollment information has been processed by the employer through the Online Benefit System, employee is provided access to the Online Benefit System.

New Hire > Batch New Hire option can be used by organizations that want to have new employee Basic Life enrollment performed by data file upload. Contact Erisa Administrative Services, Inc. at (505) 988-4974 (Santa Fe) or (800) 233-3164 (toll free) for Batch New Hire file specifications.

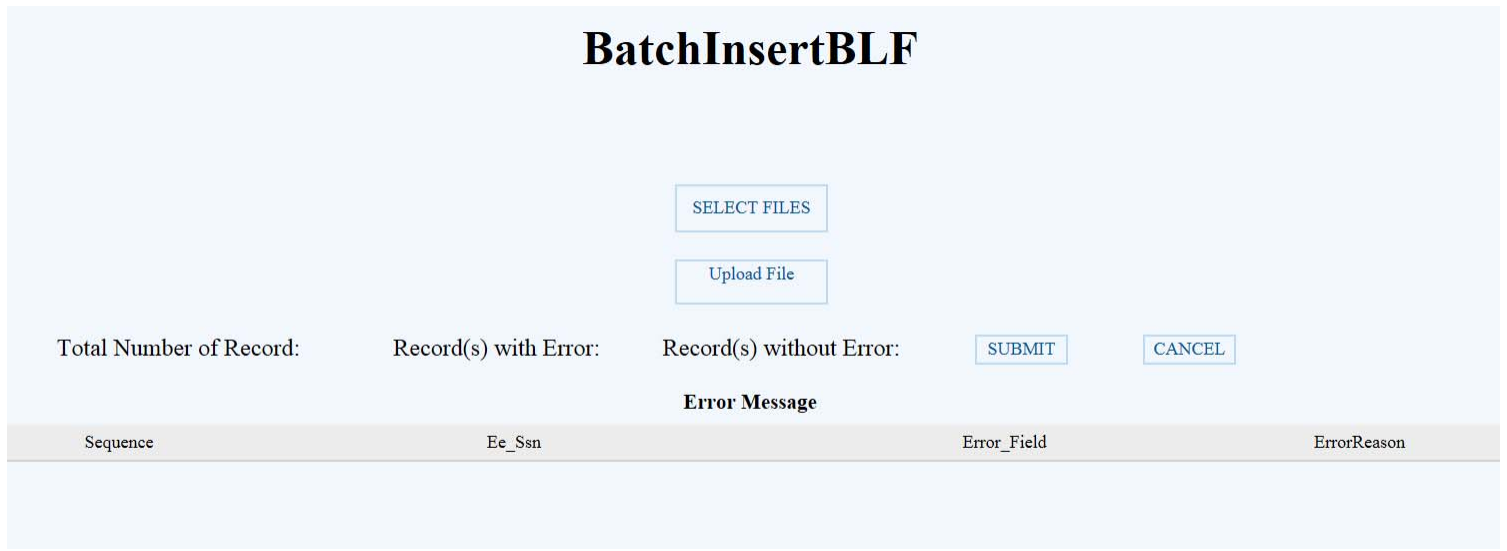


Figure 2-4: New hire batch file upload screen

Once New Hire Basic Life Enrollment has been performed for an employee, the employee can access their information through the Online Benefit System.

If an employee with an organization that has indicated they do not wish to allow employee access to Online transactions accesses the system, the employee will receive a message referring them to their Benefits Department.



Figure 3-1: Screen message displayed to employee of employer that has requested not to allow employee Online access.

New Hire Enrollment for Other Benefits

BLF enrollment **must** first be performed by the employer **before** an employee can be enrolled for any other benefits.

Employers who wish to perform enrollment for other benefits on the employee's behalf should select Review > New Hire > Perform Employee New Hire.



Figure 3-2: Employer performing new hire enrollment for other benefits on employee's behalf.

Enter the employee's SSN and click **Search**.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout
ER_New Hire Search									
SSN	▼	Search Index	073100055		Search	(SSN/LastName/LastName,FirstName/Address/Phone/HIPPA ID)			

Figure 3-3: Employer search for new hire employee record.

When desired employee record is displayed on screen, click **New Hire** to continue.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout
ER_New Hire Search									
SSN	▼	Search Index	073100055		Search	(SSN/LastName/LastName,FirstName/Address/Phone/HIPPA ID)			
Agency ID	SSN	Last Name	First Name	Middle Name	Dep.No	Decline Reason	Status	New Hire	Close
2	73100055	LUJAN	EDWARD	F.	10			New Hire	

Figure 3-4: Available employee New Hire record

Screen will display basic employee information entered through employer performed BLF enrollment process. Select from available effective date options for effective date of other benefits and click **Next**.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_NewHire (EDWARD F. LUJAN)										
Employer New Hire – Basic Information – Screen 1 of 10										
Social Security No.	Last Name	First Name	Middle Name	Suffix						
073-10-0055	LUJAN	EDWARD	F.							
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	Email	Preferred Contact			
01/01/1975	Married ▼	Male ▼	(505)988-4973	(505)988-8943	(505)233-3164	sample@email.com	Email ▼			
Mailing address(Box#or Street Address)			Zip	City	State	County				
line 1	APT 245		87901	TRUTH OR CONSEQUENCES	NM	SIERRA				
line 2	4621 AVENIDA SANTA CRUZ									
Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week	Effective Date for other benefits (medical, dental, vision, etc.)					
Truth Or Consequences Municipal School	TEACHER	07/20/2015	\$40,000.00	40.0000	09/01/2015					
<input type="checkbox"/> (Variable hour, seasonal, or temporary employees are only eligible to enroll in medical benefits at this time.)										
									Next	

Figure 3-5: Preliminary employee enrollment for other benefits screen

System will display Dependent Information screen. Select **Add Dependent** option to enter dependent information and enter requested dependent information or click **Next** to continue if there are no dependents to enter.

Home Inquiry Review New Hire Employer Information Cancel EE Report LOA Training Material Feedback Logout ER_NewHire (EDWARD F. LUJAN)

Employer New Hire –Dependent Information – Screen 2 of 10

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Delete
LUJAN	EDWARD	F.		073-10-0055	01/01/1975	MALE	SELF	

Add Dependent (circled in red)

Previous Next

Last Name

First Name

Middle Name

Suffix

SSN

Date of Birth (mm/dd/yyyy)

Gender

Relationship

Add Cancel

Figure 3-6: Dependent information screen

After Dependent Information screen, system will progress through a series of screens for each of the benefit options available through NMPSIA’s employee benefit plan. Each of these benefit screens will include a section showing estimated employee and employer monthly premium responsibility and some helpful information about the benefit available for enrollment.

— Medical

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

ER_NewHire (EDWARD F. LUJAN)

Employee New Hire – Medical Coverage – Screen 3 of 10

Check the carrier for each family member that you want this coverage for.

Carrier: **DECLINED**

Plan: NONE

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical
LUJAN	EDWARD	F.		073-10-0055	01/01/1975	MALE	SELF	<input type="checkbox"/>
LOPEZ	EMILY	G.		073-20-0055	02/01/1977	FEMALE	PARTNER	<input type="checkbox"/>
LUJAN	ERIC	H		073-30-0055	03/01/2005	MALE	SON	<input type="checkbox"/>
LOPEZ	ELIZABETH	I		073-31-0055	04/01/2003	FEMALE	DOMESTIC DAUGHTER	<input type="checkbox"/>

[Previous](#) [Next](#)

Benefit	Estimated Monthly Premium Cost		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.36	\$2.36
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.36	\$2.36

Current month's payroll deductions go towards premium payments for the following month's coverage.

[General medical plan information](#)

[Medical plan Frequently Asked Questions](#)

[Summary of Benefits and Coverage](#)

[Carrier websites and contact information](#)

Figure 3-7: Medical enrollment screen (3 of 10)

— Dental

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	ER_NewHire (EDWARD F. LUJAN)
------	---------	--------	----------	----------------------	-----------	------------	-------------------	----------	--------	------------------------------

Employee New Hire - STEP 4 - Dental Benefit

Check the "Dental" box next to each family member that you want this coverage for.

Carrier: **United Concordia Dental**
DECLINED

Plan: **NONE**

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Dental
LUJAN	EDWARD	F.		073-10-0055	01/01/1975	MALE	SELF	<input type="checkbox"/>
LOPEZ	EMILY	G.		073-20-0055	02/01/1977	FEMALE	PARTNER	<input type="checkbox"/>
LUJAN	ERIC	H		073-30-0055	03/01/2005	MALE	SON	<input type="checkbox"/>
LOPEZ	ELIZABETH	I		073-31-0055	04/01/2003	FEMALE	DOMESTIC DAUGHTER	<input type="checkbox"/>

Previous **Next**

Benefit	Estimated Monthly Premium Cost		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.36	\$2.36
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.36	\$2.36

Current month's payroll deductions go towards premium payments for the following month's coverage.

[General dental plan information](#)
[Dental plan Frequently Asked Questions](#)

Find a **United Concordia In-Network dentist**. Select **Advantage Plus** at the *My Network* Is prompt.

[Premium rates](#)
[Carrier websites and contact information](#)

Figure 3-23: Dental enrollment screen (4 of 10)

Proof of other Coverage ✕

If coverage is being requested for one dependent, NMPSIA program rules require coverage to be provided to all dependents. If coverage is not being requested for a particular dependent because that dependent is eligible for other coverage, you will be requested to provide evidence of such other coverage as you continue through this online enrollment process. Note that enrollment and eligibility for benefits cannot be provided to any of your other dependents until this request for proof of other coverage is provided for the dependent(s) being excluded from coverage.

Figure 3-24: Message displayed if coverage is not being elected for all dependents (employee login)

Employee New Hire - STEP 4 - Dental Benefit

Check the "Dental" box next to each family member that you want this coverage for.

Dental coverage is not offered by Carlsbad Municipal Schools . Please click next to continue

Previous

Next

Benefit	Estimated Monthly Premium Cost		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$314.84	\$472.24	\$787.08
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$4.70	\$4.70
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$314.84	\$476.94	\$791.78

Current month's payroll deductions go towards premium payments for the following month's coverage.

[General dental plan information](#)

[Dental plan Frequently Asked Questions](#)

Find a [United Concordia In-Network dentist](#). Select **Advantage Plus** at the *My Network Is* prompt.

[Premium rates](#)

[Carrier websites and contact information](#)

Figure 3-25: Sample screen showing information displayed if a benefit is not available from an employer.

— Vision

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
------	---------	--------	----------	----------------------	-----------	------------	-------------------	----------	--------	--

ER_NewHire (EDWARD F. LUJAN)

Employer New Hire - STEP 5 - Vision Benefit

Check the "Vision" box next to each family member that you want this coverage for.

Carrier: Davis Vision
DECLINED

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Vision
LUJAN	EDWARD	F.		073-10-0055	01/01/1975	MALE	SELF	<input type="checkbox"/>
LOPEZ	EMILY	G.		073-20-0055	02/01/1977	FEMALE	PARTNER	<input type="checkbox"/>
LUJAN	ERIC	H		073-30-0055	03/01/2005	MALE	SON	<input type="checkbox"/>
LOPEZ	ELIZABETH	I		073-31-0055	04/01/2003	FEMALE	DOMESTIC DAUGHTER	<input type="checkbox"/>

[Previous](#)

[Next](#)

Benefit	Estimated Monthly Premium Cost		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.36	\$2.36
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.36	\$2.36

Current month's payroll deductions go towards premium payments for the following month's coverage.

[Vision benefits](#)

[Premium rates](#)

[Carrier websites and contact information](#)

Figure 3-35: Vision enrollment screen (5 of 10).

— Life Insurance and Disability

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
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ER_NewHire (EDWARD F. LUJAN)

Employee New Hire - STEP 6 - Basic Life - The Standard

BASIC LIFE -- The Standard (\$25,000.00, 100% employer paid)

Employer paid Basic Life Insurance coverage is available to all eligible employees.

ADDITIONAL LIFE -- The Standard 1X Base Salary 2X Base Salary 3X Base Salary Declined

(face value, employee paid monthly premium) (\$40,000.00, \$3.20/month) (\$80,000.00, \$6.40/month) (\$120,000.00, \$9.60/month)

DEPENDENT LIFE -- The Standard Spouse Life 1X :(\$20,000.00, \$1.20/month) Declined

(face value, employee paid monthly premium) Child(ren) Life (\$5,000.00, \$0.24/month) Declined

Previous

Next

Benefit	Estimated Monthly Premium Cost		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.36	\$2.36
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.36	\$2.36

Current month's payroll deductions go towards premium payments for the following month's coverage.

[Basic Life Insurance information](#)

[Additional Life Insurance information](#)

[Long Term Disability information](#)

[Life Insurance and Long Term Disability premium calculator](#)

[Basic Life Insurance and Additional Life Insurance beneficiary questions](#)

[Options for continuing life insurance when you leave employment](#)

Figure 3-40: Life insurance and LTD enrollment screen (6 of 10).

— Enrollment Review Screen

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	ER_NewHire (EDWARD F. LUJAN)	
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Employee New Hire - STEP 7 - Benefit Review

Benefit	Medical	Dental	Vision	Basic Life	Additional Life	Spouse Life	Dependent Life	Long Term Disability
	Blue Cross Blue ShieldHigh	United Concordia DentalHigh	Davis Vision	Yes	2X Base Salary	Yes	Yes	N/A

Coverage

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Life
LUJAN	EDWARD	F.		073-10-0055	01/01/1975	MALE	SELF	Y	Y	Y	Y
LOPEZ	EMILY	G.		073-20-0055	02/01/1977	FEMALE	PART	N	N	N	Y
LUJAN	ERIC	H		073-30-0055	03/01/2005	MALE	SON	Y	Y	N	Y
LOPEZ	ELIZABETH	I		073-31-0055	04/01/2003	FEMALE	DDAU	Y	Y	N	Y

125 Cafeteria Plan

Benefit	Estimated Monthly Premium Cost		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$426.04	\$639.10	\$1,065.14
Dental	\$20.74	\$31.12	\$51.86
Vision	\$2.50	\$3.76	\$6.26
Basic Life	\$0.00	\$2.36	\$2.36
Additional Life	\$6.40	\$0.00	\$6.40
Spouse Life	\$2.40	\$0.00	\$2.40
Dependent Life	\$0.24	\$0.00	\$0.24
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$458.32	\$676.34	\$1,134.66

Current month's payroll deductions go towards premium payments for the following month's coverage.

Figure 3-58: Initial enrollment review screen (7 of 10).

✕

Section 125 Cafeteria Plan Participation A decision to participate in your employer's Section 125 Cafeteria Plan is irrevocable for the plan year unless you experience an eligible change in status event. Please contact SABRINA BIERNER at 0 or ghwa@easitpa.com within 5 business days to complete Section 125 Cafeteria Plan participation documents.

Figure 3-59: Request for employee to complete Section 125 Cafeteria Plan documents

— Dependent Supporting Documentation

Home Inquiry Review New Hire Employer Information Cancel EE Report LOA Training Material Feedback Logout ER_NewHire (EDWARD F. LUJAN)

Employee New Hire – Upload Dependent Supporting Documentation – Screen 8 of 10

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	Upload
LOPEZ	EMILY	G.		073-20-0055	02/01/1977	F	PARTNER	Notarized NMPSIA Affidavit of Domestic Partnership	Upload
LUJAN	ERIC	H		073-30-0055	03/01/2005	M	SON	Birth Certificate	Upload
LOPEZ	ELIZABETH	I		073-31-0055	04/01/2003	F	DOMESTIC DAUGHTER	Birth Certificate	Upload
LOPEZ	ELIZABETH	I		073-31-0055	04/01/2003	F	DOMESTIC DAUGHTER	Birth Certificate Registration Certification	Upload

Upload Document

Previous Next

Benefit	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$426.04	\$639.10	\$1,065.14
Dental	\$20.74	\$31.12	\$51.86
Vision	\$2.50	\$3.76	\$6.26
Basic Life	\$0.00	\$2.36	\$2.36
Additional Life	\$6.40	\$0.00	\$6.40
Spouse Life	\$2.40	\$0.00	\$2.40
Dependent Life	\$0.24	\$0.00	\$0.24
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$458.32	\$676.34	\$1,134.66

Current month's payroll deductions go towards premium payments for the following month's coverage.

Upload Document [X]

Comment :

Figure 3-60: Dependent supporting documentation upload screen (8 of 10).

EE_NewHire

LEONARD L MCCOY

Employee New Hire – Upload Dependent Supporting Documentation – Screen 8 of 10

Provide the requested document type for each dependent listed below by selecting Upload.

Choose **Upload Document** only if you would like to provide supplemental information in addition to the documents being requested.

When prompted to **Upload Document**, enter the type of document you are providing and which family member the document is for. Click Upload in the Upload Document window to continue.

If you do not have a scanner, scanned copies of the documents being requested, or are having difficulty with this request, contact your Benefits Representative SABRINA BIERNER at (575)894-8158 or by e-mail at easitpa113@yahoo.com.

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	Upload
MCCOY	LAURA	M		073-20-0030	02/02/1980	F	SPOUSE	Marriage Certificate	Upload
MCCOY	LUIS	N		073-30-0030	03/03/2004	M	SON	Birth Certificate	Upload
MCCOY	LESLIE	O		073-31-0030	04/04/2009	F	DAUGHTER	Birth Certificate	Upload
MCCOY	LUIS	N		073-30-0030	03/03/2004	M	SON	Proof Other Coverage for Medical	Upload

Upload Document

Previous Next

Figure 3-61: Dependent supporting documentation upload screen (employee login).

— Beneficiary Designation

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

ER_NewHire (EDWARD F. LUJAN)

Employee New Hire – Beneficiary Assignment– Screen 9 of 10

Enter beneficiary information below. Percentages for Basic Life and Additional Life primary beneficiary and secondary beneficiary should add up to 100%.

Primary Beneficiary In the event of your death, Primary Beneficiary or Beneficiaries will receive any death benefits that are payable.

Name	DOB	Relationship	Address	City	State	Zip	County	Basic Life %	Additional Life %	Delete Line
EMILY G. LOPEZ	02/01/1977	PARTNER	APT 245 4621 AVENIDA SANTA CRUZ	TRUTH OR CONSEQUENCES	NM	87901	SIERRA	100 %	50 %	Delete
ERIC H LUJAN	03/01/2005	SON	APT 245 4621 AVENIDA SANTA CRUZ	TRUTH OR CONSEQUENCES	NM	87901	SIERRA	0 %	25 %	Delete
ELIZABETH I LOPEZ	04/01/2003	DOMESTIC DAUGHTER	APT 245 4621 AVENIDA SANTA CRUZ	TRUTH OR CONSEQUENCES	NM	87901	SIERRA	0 %	25 %	Delete

Secondary Beneficiary Benefits will only be payable to Secondary Beneficiary or Beneficiaries if there are no surviving Primary Beneficiaries.

Name	DOB	Relationship	Address	City	State	Zip	County	Basic Life %	Additional Life %	Delete Line
Richard Montoya	02/01/1975	Friend	3821 Wagontrain Dr SE	ALBUQUERQUE	NM	87111	BERNALILLO	50 %	50 %	Delete

Add

Previous **Next**

Enter Beneficiary Information X

Name: Richard Montoya x |>>

DOB: 02/01/1975

Address: 3821 Wagontrain Dr SE Same as Employee

Zip: 87111

State: NM

City: ALBUQUERQUE

County: BERNALILLO

Relationship: Friend

Basic Life %: 50

Additional Life %: 50

Type: Secondary Beneficiary

Add **Cancel**

Figure 3-62: Beneficiary designation screen (9 of 10).

— Acknowledgement and Confirmation


New Mexico
Public Schools Insurance Authority

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

ER_NewHire (EDWARD F. LUJAN)

New Mexico Public Schools Insurance Authority

Preview for Enrollment Request

Truth Or Consequences Municipal Schools

This preview was generated for the following reason:

Your online enrollment request has been submitted for review. Coverage is scheduled to be effective 09/01/2015

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date	09/01/2015	09/01/2015	09/01/2015	N/A	09/01/2015	09/01/2015	09/01/2015	08/01/2015
Carrier	Blue Cross Blue Shield-High	United Concordia Dental-High	Devis Vision	N/A	2X Base Salary	Yes	Yes	25K
Coverage	Employee and 1 Child	Employee and 1 Child	Employee Only					

Variable hour employee eligible for medical coverage only: No

Information regarding you and your family as of 09/01/2015:

Name	Relationship	SS#	Gender	Birth Date	Eligible until	Medical	Dental	Vision	Life	Pending
EDWARD F. LUJAN	SELF	073-10-0055	MALE	01/01/1975		Yes	Yes	Yes	Yes	
EMILY G. LOPEZ	PARTNER	073-20-0055	FEMALE	02/01/1977		No	No	No	Yes	
ERIC H LUJAN	SON	073-30-0055	MALE	03/01/2005		Yes	Yes	No	Yes	
ELIZABETH I LOPEZ	DOMESTIC DAUGHTER	073-31-0055	FEMALE	04/01/2003		Yes	Yes	No	Yes	Pending

Beneficiary Assignment

For multiple beneficiaries, distribution MUST equal 100% for each benefit.

Primary Beneficiary

Name	Date of Birth	Relationship	Address	Basic Life %	Additional Life %
EMILY G. LOPEZ	02/01/1977	PARTNER	APT 245 4621 AVENIDA SANTA CRUZ	100 %	50 %
ERIC H LUJAN	03/01/2005	SON	APT 245 4621 AVENIDA SANTA CRUZ	0 %	25 %
ELIZABETH I LOPEZ	04/01/2003	DOMESTIC DAUGHTER	APT 245 4621 AVENIDA SANTA CRUZ	0 %	25 %

Secondary Beneficiary

Name	Date of Birth	Relationship	Address	Basic Life %	Additional Life %

Employee SSN: Employer Sign:

Comment:

Previous
Finish

Figure 3-63 a: Acknowledgement and confirmation screen (10 of 10, ER performing EE new hire enrollment)

Need to provide copy of EE Acknowledgement and confirmation screen

I Represent that I, JAMES T KIRK, am the person identified as the named employee in this Enrollment Application. I acknowledge and agree to the statements contained within this application. I also acknowledge and agree that by typing my name, social security number and today's date in the designated boxes on the screen below this form and clicking "Continue," I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms. I understand that by choosing to electronically sign this application, this application will be securely stored. I also understand that if I do not electronically sign this application, it will not be processed.

Check here if someone helped you perform this online transaction.

Accept : Employee SSN: Employee Name: Date:
Must be entered as JAMES T KIRK (mm/dd/yyyy)

Previous

Finish

Figure 3-63 b (continued): Acknowledgement and confirmation screen (10 of 10).

When **Finish** is selected after employee SSN, name, and signing date is provided, you will be provided an option to download a PDF copy of the information displayed on the acknowledgement and confirmation screen. When online enrollment transactions are being performed by the employer on behalf of the employee, the employer should **always** get a physical copy of this document so that it can be signed by the employer and the employee. Keep a signed copy of this Acknowledgement and Confirmation notice with your files and provide a scanned copy to Erisa.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Feedback	Edit Password	Logout	
------	---------	--------	----------	----------------------	-----------	------------	----------	---------------	--------	--

ER_ReviewNewHireList

New Hire

New hire has been submitted successfully, [Click Here To Employer Home.](#)

[Click Here To Download PDF.](#)

Figure 3-64: Successful submission of new hire transaction and option to obtain PDF copy of online transaction.

**New Mexico Public Schools Insurance Authority
Preview for Enrollment Request for EDWARD F. LUJAN
Truth Or Consequences Municipal Schools**

This preview was generated for the following reason:

Your online enrollment request has been submitted for review. Coverage is scheduled to be effective 09/01/2015

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date	09/01/2015	09/01/2015	09/01/2015	N/A	09/01/2015	09/01/2015	09/01/2015	08/01/2015
Carrier	Blue Cross Blue Shield-High	United Concordia Dental-High	Davis Vision	N/A	2X Base Salary	Yes	Yes	25K
Coverage	Employee and 1 Child		Employee and 1 Employee Only					

Information regarding you and your family as of 09/01/2015:

Name	Relationship	SS#	Gender	Birth Date	Eligible until	Medical	Dental	Vision	Life	Pending
EDWARD F. LUJAN	SELF	073-10-0055	MALE	01/01/1975		Yes	Yes	Yes	Yes	
EMILY G. LOPEZ	PARTNER	073-20-0055	FEMALE	02/01/1977		No	No	No	Yes	
ERIC H LUJAN	SON	073-30-0055	MALE	03/01/2005		Yes	Yes	No	Yes	
ELIZABETH I LOPEZ	DOMESTIC DAUGHTER	073-31-0055	FEMALE	04/01/2003		Yes	Yes	No	Yes	Pending

Beneficiary Assignment

For multiple beneficiaries, distribution MUST equal 100% for each benefit.

Primary Beneficiary

Name	Date of Birth	Relationship	Address	Basic Life %	Additional Life %
EMILY G. LOPEZ	02/01/1977	PARTNER	APT 245 4621 AVENIDA SANTA CRUZ	100 %	50 %
ERIC H LUJAN	03/01/2005	SON	APT 245 4621 AVENIDA SANTA CRUZ	0 %	25 %
ELIZABETH I LOPEZ	04/01/2003	DOMESTIC DAUGHTER	APT 245 4621 AVENIDA SANTA CRUZ	0 %	25 %

Secondary Beneficiary

Name	Date of Birth	Relationship	Address	Basic Life %	Additional Life %
------	---------------	--------------	---------	--------------	-------------------

I Represent that I, EDWARD F. LUJAN, am the person identified as the named employee in this Enrollment Application. I acknowledge and agree to the statements contained within this application. I also acknowledge and agree that by typing my name, social security number and today's date in the designated boxes on the screen below this form and clicking "Continue," I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms. I understand that by choosing to electronically sign this application, this application will be securely stored. I also understand that if I do not electronically sign this application, it will not be processed.

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 in this Enrollment Application. I understand that services will be available subject to the exclusions, limitation 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.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

A signed and dated copy of this NMPSIA Online Benefit System Preview Notice only needs to be returned to your employer's Benefits Department for transactions that have been performed by a designated representative on your behalf. If this notice represents a transaction that you have performed directly, you may keep this Preview Notice for your records.

Figure 3-65: PDF copy of acknowledgement and confirmation notice.

Change Enrollment

This system will only allow employers to perform a single Change Enrollment transaction at a time. If you require multiple transactions to be performed for an employee like adding dependents and adding benefit coverage, provide the information to Erisa Administrative Services, Inc.

To perform a change enrollment transaction on behalf of an employee, select Review > Change Enrollment > Perform Employee Change Enrollment.

New Mexico Public Schools Insurance Authority

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

ER_ReviewChangeCardList

Review Change Enrollment List

[Perform Employee Change Enrollment](#)
[Review Approved Change Enrollment](#)

EE SS	First Name	Mid Name	Last Name	EE Change Enrollment Start Time	EE Change Enrollment Submit Time	Close
020-13-0922	ALEX		XU	10/03/2013		Close
073-10-0006	DAFFY	D	DUCK	12/10/2013		Close
073-10-0008	YOSEMITE		SAM	12/17/2013		Close
585- [redacted]	EVA	B	[redacted]	10/03/2013		Close
585- [redacted]	IRENE	A	[redacted]	10/03/2013		Close

Figure 4-1: Change enrollment transaction performed by employer

Enter the employee's social security number and click **Search**.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Feedback	Edit Password	Logout	
ER_Change Enrollment Search										
SSN	▼	Search Index	073100006	x	Search	(SSN/LastName/LastName,FirstName/Address/Phone/HIPPA ID)				
Agency ID	SSN	Last Name	First Name	Middle Name	Dep.No	Status	Change Enrollment	Close		
2	4922		JOE		10	Processing	Change Enrollment	Close Record		
2	3557		KIMBERLY	ANNE	10	Processing	Change Enrollment	Close Record		
2	1743		RHONDA	SUE	10	Processing	Change Enrollment	Close Record		
2	73000001	MOUSE	MICKEY	M	10	Processing	Change Enrollment	Close Record		
2	73100003	DUCK	DONALD	D	10	Processing	Change Enrollment	Close Record		

Figure 4-2: Search for employee record.

System will display matching record found. Select **Change Enrollment** and system will display available change enrollment transactions.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Feedback	Edit Password	Logout	
ER_Change Enrollment Search										
SSN	▼	Search Index	073100006		Search	(SSN/LastName/LastName,FirstName/Address/Phone/HIPPA ID)				
Agency ID	SSN	Last Name	First Name	Middle Name	Dep.No	Status	Change Enrollment	Close		
2	73100006	DUCK	DAFFY	D	10		Change Enrollment			

Figure 4-3: Request to perform change enrollment transaction for selected employee.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Feedback	Edit Password	Logout	
ER_ChangeCard										
<input type="radio"/> Open Enrollment <input type="radio"/> Switch Enrollment <input type="radio"/> Add Dependents <input type="radio"/> Remove Dependents <input type="radio"/> Add a Benefit <input type="radio"/> Cancel a Benefit										
Next										

Figure 4-4: Available Change Enrollment transactions.

— Add Dependents / Remove Dependents

Procedures for adding and removing dependents are similar. Choose the desired action from the list of available change enrollment transactions and click **Next**.

If adding a dependent, click the **Add Dependents** button and fill in requested information in the Add Dependent pop-up window. When adding a dependent, benefit coverages can only be selected for options that the employee is already enrolled for. If you have an enrollment transaction for an employee that wants to perform two types of changes like adding a dependent and also adding a new line of coverage, this type of transaction should be submitted to Erisa Administrative Services, Inc. for processing. Select **Add Dependent** when complete.

Last Name
DUCK

First Name
DIANA

Middle Name
A

Suffix

SSN
073-31-0006

Date of Birth
04/04/2012

Gender
Female ▾

Relationship
DAUGHTER ▾

Medical

Vision

Life

Event date
04/01/2014

Reason
Adoption/Guardianship ▾

If new dependent is being added because of Birth, Adoption Guardianship, or Court Order, enter the child's date of birth, adoption, guardianship, or court order as the **Event Date** and the first of the following month as the **Effective Date**.

Add Dependent Cancel

Figure 4-5: Add dependent pop-up window.

Select the appropriate effective date for the new dependent's coverage and click **Next**.

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status	
DUCK	DAFFY	D		073-10-0006	01/01/1985	MALE	SELF	Y	N	Y				
DUCK	DAFFODILL			073-20-0006	02/02/1988	FEMALE	SPOUSE	Y	N	Y				
DUCK	DAVID			073-30-0006	03/03/2008	MALE	SON	Y	N	Y				
DUCK	DIANA	A		073-31-0006	04/04/2012	FEMALE	DAUGHTER	Y	N	N	Adop_Guard	04/01/2014	Added	Cancel Add

Add Dependent

Effective Date: **Next**

Previous

Figure 4-6: Effective date of coverage for new dependent.

The system will bring you to a supporting documentation upload screen. Choose the **I want to upload** button if you have a scanned copy of the appropriate dependent supporting documentation to upload. Enter a description for the file you are uploading in the "Certificate Name" field and choose the appropriate file to upload from the Windows file upload window. Select **Upload** to complete your action.

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

ER_Change Enrollment Support Document

Employee ChangeCard - Upload Certificate

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	File	Upload
										I want to upload

Previous **Next**

Choose File to Upload

Computer > GHwa (\\\SFNAS\Scans) (S:)

Name	Date modified	Type
Adobe Acrobat	11/16/2012 10:43 ...	App
Marriage License EE Name	4/17/2013 4:39 PM	Ado
Sample Birth Certificate_0001	4/17/2013 4:39 PM	Ado
Sample Birth Certificate_0002	4/17/2013 4:39 PM	Ado
Sample Marriage Certificate_0001	4/17/2013 4:39 PM	Ado
Sample Supporting Document	8/17/2013 2:42 PM	Ado

File name: Sample Birth Certificate_0002 All Files (*.*)

Open Cancel

Upload Certificate

Certificate Name :

S:\Sample Birth Certific

Figure 4-7: Add dependent supporting documentation upload screen.

Review the information shown on the transaction review screen for accuracy and provide employee social security number and date of transaction as appropriate. Click **Finish** to complete.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Feedback	Edit Password	Logout	
------	---------	--------	----------	----------------------	-----------	------------	----------	---------------	--------	--

ER_Change Enrollment View

New Mexico Public Schools Insurance Authority Review for Change Enrollment Request Truth Or Consequences Municipal Schools

This preview was generated for the following reason:
Your online Change Enrollment request has been submitted for review. Coverage is scheduled to be effective 04/01/2014

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date								
Carrier	Blue Cross Blue Shield-High	-	Davis Vision	N/A	2X Base Salary	Yes	Yes	25K
Coverage	Employee and Family		Employee and Family					

Information regarding you and your family as of

Name	Relationship	SS#	Gender	Birth Date	Medical	Dental	Vision	Life	status
DAFFY D DUCK	SELF	073-10-0006	MALE	01/01/1985	Yes	No	Yes	Yes	
DAFFODILL DUCK	SPOUSE	073-20-0006	FEMALE	02/02/1988	Yes	No	Yes	Yes	
DAVID DUCK	SON	073-30-0006	MALE	03/03/2008	Yes	No	Yes	Yes	
DIANA A DUCK	ADOPTED DAUGHTER	073-31-0006	FEMALE	04/04/2012	Yes	No	Yes	No	A

Employee SSN: Employer Sign:

Comment:

Previous

Finish

Figure 4-8: Add dependent acknowledgement and confirmation screen.

Print or save a copy of the acknowledgement and confirmation document for your records and provide a copy to Erisa.

To remove a dependent from coverage, choose the Drop Dependents button and select **Drop** for the dependent that should be removed from coverage. Indicate the date that coverage should terminate and identify the reason that coverage is being terminated for the selected dependent. Click **Drop Dependent** when done.

Click **Next** to continue. Upload any supporting documentation to support this change and continue to the next screen. Print or save acknowledgement and confirmation notice for your records and provide a copy to Erisa.

Medical:	Blue Cross Blue Shield	Plan:	High
Dental:		Plan:	
Vision:	Davis Vision		
Basic Life Insurance:		Elected	\$0.00
Additional Life Insurance:		Elected	2X Base Salary
Spouse Life Insurance:		Elected	\$0.00
Dependent Life Insurance:		Elected	\$0.00

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Y	N	Y	Reason	Event Date	Status	Drop
DUCK	DAFFY		D	073-10-0006	01/01/1985	MALE	SELF	Y	N	Y				
DUCK	DAFFODILL			073-20-0006	02/02/1988	FEMALE	SPOUSE	Y	N	Y				Drop
DUCK	DAVID			073-30-0006	03/03/2008	MALE	SON	Y	N	Y				Drop
DUCK	DIANA	A		073-31-0006	04/04/2012	FEMALE	ADOPTED DAUGHTER	Y	N	Y				Drop

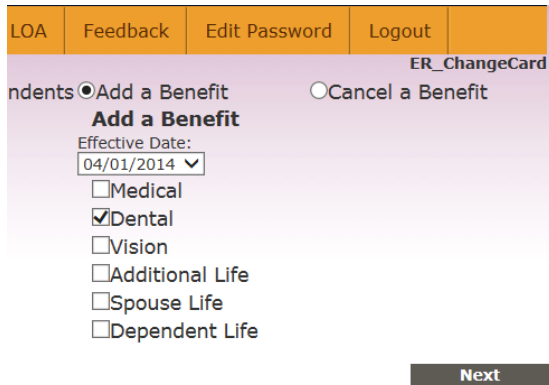
The effective field is required.

Effective Date:

Figure 4-9: Drop dependent change enrollment option.

— Add a Benefit / Cancel a Benefit

To add a benefit, select the appropriate effective date of coverage and the benefit(s) to be added. Continue to the next screen enter the effective date of



The screenshot shows a web interface for adding a benefit. At the top, there is a navigation bar with links for LOA, Feedback, Edit Password, and Logout. Below this, the page title is 'ER_ChangeCard'. The main content area has two radio buttons: 'Add a Benefit' (selected) and 'Cancel a Benefit'. Under 'Add a Benefit', there is a section for 'Effective Date:' with a dropdown menu showing '04/01/2014'. Below the date, there are several checkboxes for benefit types: Medical (unchecked), Dental (checked), Vision (unchecked), Additional Life (unchecked), Spouse Life (unchecked), and Dependent Life (unchecked). At the bottom right of the form, there is a 'Next' button.

Figure 4-10: Adding benefit coverage.

Select the appropriate carrier and plan option for the benefit being added and indicate which family members should be covered. The employee is **always** assumed to be covered under the benefit being added.

Continue to go through system screens for uploading supporting documentation (if appropriate), reviewing transaction, and keeping a copy of the acknowledgement and confirmation notice for your files and Erisa.

Social Security No.		Last Name		First Name		Middle Name		Suffix		
073-10-0006		DUCK		DAFFY		D				
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	E-Mail	Preferred Contact			
01/01/1985	Y	M	(505)988-4974	(505)988-8943	(505)233-3164	ghwa@easitpa.com	4			
Mailing address(Box#or Street Address)				Zip	City			State	County	
308 HOLLYWOOD BOULEVARD				87901	TRUTH OR CONSEQUENCES			NM	SIERRA	
Employer(District or Entity Name)		Job Title		Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week				
Truth Or Consequences Municipal Schools		RESOURCE SPECIALIST		08/23/2013	\$32,000.00	40.0000				
Medical:		Blue Cross Blue Shield				Plan:	High			
Dental:		United Concordia Dental				Plan:	High			
Vision:		Davis Vision								
Basic Life Insurance:		Standard				Elected	\$0.00			
Additional Life Insurance:		Standard				Elected	2X Base Salary			
Spouse Life Insurance:		Standard				Elected	\$0.00			
Dependent Life Insurance:		Standard				Elected	\$0.00			
Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision
DUCK	DAFFY	D		073-10-0006	01/01/1985	MALE	SELF	Y		Y
DUCK	DAFFODILL			073-20-0006	02/02/1988	FEMALE	SPOUSE	Y	<input checked="" type="checkbox"/>	Y
DUCK	DAVID			073-30-0006	03/03/2008	MALE	SON	Y	<input checked="" type="checkbox"/>	Y
DUCK	DIANA	A		073-31-0006	04/04/2012	FEMALE	ADOPTED DAUGHTER	Y	<input checked="" type="checkbox"/>	Y

Effective Date:04/01/2014

[Previous](#)

[Next](#)

Figure 4-11: Selection of carrier, plan, and family members to be covered for benefit being added.

To cancel a benefit, choose the benefit(s) to be cancelled and click **Next**. Select Declined for the benefit being cancelled. This will automatically uncheck the boxes under the benefit being cancelled. An employee's coverage in a particular benefit will **always** be cancelled under the Cancel a Benefit option.

Choose the effective date for the line(s) of coverage being cancelled.

Continue to go through system screens for uploading supporting documentation (if appropriate), reviewing transaction, and keeping a copy of the acknowledgement and confirmation notice for your files and Erisa.

back Edit Password Logout

ER_ChangeCard

Cancel a Benefit

Cancel a Benefit

Cancel a Benefit

Medical

Dental

Vision

Additional Life

Spouse Life

Dependent Life

Next

Figure 4-12: Cancel a benefit.

Social Security No.		Last Name		First Name		Middle Name		Suffix		
073-10-0006		DUCK		DAFFY		D				
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	Email		Preferred Contact		
01/01/1985	Y	M	(505)988-4974	(505)988-8943	(505)233-3164	ghwa@easitpa.com		4		
Mailing address(Box#or Street Address)				Zip	City			State	County	
308 HOLLYWOOD BOULEVARD				87901	TRUTH OR CONSEQUENCES			NM	SIERRA	
Employer(District or Entity Name)		Job Title		Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week				
Truth Or Consequences Municipal Schools		RESOURCE SPECIALIST		08/23/2013	\$32,000.00	40.0000				
Medical:		Blue Cross Blue Shield			Plan:	High				
Dental:					Plan:					
Vision:		DECLINED								
Basic Life Insurance:		Standard			Elected	\$0.00				
Additional Life Insurance:		Standard			Elected	2X Base Salary				
Spouse Life Insurance:		Standard			Elected	\$0.00				
Dependent Life Insurance:		Standard			Elected	\$0.00				
Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision
DUCK	DAFFY	D		073-10-0006	01/01/1985	MALE	SELF	Y	N	
DUCK	DAFFODILL			073-20-0006	02/02/1988	FEMALE	SPOUSE	Y	N	<input type="checkbox"/>
DUCK	DAVID			073-30-0006	03/03/2008	MALE	SON	Y	N	<input type="checkbox"/>
DUCK	DIANA	A		073-31-0006	04/04/2012	FEMALE	ADOPTED DAUGHTER	Y	N	<input type="checkbox"/>
Effective Date:										

Previous

Figure 4-13: Identification of carrier, plan, and family members that benefit coverage should be cancelled for.

Review — Basic Info

Update Employee Basic Info																																			
Social Security No.	Last Name	First Name	Middle Name	Suffix																															
073-10-0029	KIRK	JAMES	T																																
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EEmail	Prerferred Contact																												
01/01/1967	Married	Male	(505)988-4974	(505)988-8943	(505)233-3164	easitpa029@yahoo.co	Email																												
Mailing address(Box#or Street Address)				Zip	City	State	County																												
1202 ACADEMY DRIVE				87901	TRUTH OR CONSEQUEN	NM	SIERRA																												
Employer(District or Entity Name)			Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week																													
Truth Or Consequences Municipal Schools			TEACHER	03/05/2014	\$42,000.00	40.0000																													
Last	First	Middle	Sfx	SSN	Date of Birth (mm/dd/yyyy)	Gender	Relationship																												
KIRK	JAMES	T		073-10-0029	01/01/1967	MALE	SELF																												
Comment																																			
<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>																																			
								Next																											
<table border="0"> <tr> <td></td> <td>Action Log</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operate User</td> <td>Operate Date</td> <td>Comment</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>73</td> <td>03/18/2014 10:40:30</td> <td>New Data.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										Action Log								Operate User	Operate Date	Comment							73	03/18/2014 10:40:30	New Data.						
	Action Log																																		
Operate User	Operate Date	Comment																																	
73	03/18/2014 10:40:30	New Data.																																	

Figure 5-1: Review > Basic Information screen.


— Change Beneficiary

Review information. Enter today's date for **Sign Date** and click **Submit** to provide transaction information to Erisa.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout
ER_ReviewBeneficiary									
Social Security No.		Last Name		First Name		Middle Name		Suffix	
073-10-0029		KIRK		JAMES		T			
Primary Beneficiary									
Name	DOB	Relationship	Address	Zip	State	City	County	Basic Life %	Additional Life %
JENNIFER P KIRK	04/04/2012	ADOPTED DAUGHTER	1202 ACADEMY DRIVE	87901	NM	TRUTH OR CONSEQUENCES	SIERRA	100 %	0 %
JASON V KIRK	04/04/2004	SON	1202 ACADEMY DRIVE	87901	NM	TRUTH OR CONSEQUENCES	SIERRA	0 %	50 %
JANE U KIRK	02/02/1972	SPOUSE	1202 ACADEMY DRIVE	87901	NM	TRUTH OR CONSEQUENCES	SIERRA	0 %	50 %
Secondary Beneficiary									
Name	DOB	Relationship	Address	Zip	State	City	County	Basic Life %	Additional Life %
Leonard McCoy	03/01/1958	Friend	4321 Redwood Trail	87901	NM	Truth or Consequences	Sierra	50 %	50 %
Deforest Spock	03/01/1962	Friend	6901 Vulcan Way	87901				50 %	50 %
Sign Date: <input type="text"/>									
Comment: <input type="text"/>									
									Submit

Figure 5-2: Review > Change Beneficiary screen.

— Cancel EE



New Mexico Public Schools Insurance Authority

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

ER_CancelEE

Search Type Search Index (SSN/LastName/LastName,FirstName/Address/Phone/HIPPA ID)

Last Date of Coverage Post Date

HIPAA	SSN	EE Name	Last Date of Coverage	Received Date	Post Date	Note Type	
6BA5E4200	073-10-0002	BUGS B BUNNY	07/31/2014	07/02/2014	07/02/2014	RSGN	Successful
6BA5E4100	073-10-0001	MICKEY M MOUSE	01/31/2014	12/10/2013	12/10/2013	GTRM	Successful

SSN

Phone

First Name

Last Name

HIPAA ID

Employee cancellation transactions can be searched by EE SSN, phone number, first name, last name, or internal Erisa HIPAA ID

Figure 5-3: Review > Cancel EE screen

Inquiry

Which person do you want to see?

Search Index (SSN/District#/LastName/LastName,FirstName/Address/Phone/HIPPA ID)

Find the records for an employee starting with one of the following information

- **SSN**
Enter a random digit SS#. You may not include "-". The search will look for an employee or dependent SS#. (e.g. 123-4567-89 or 111223333)
- **District#**
Enter a three digit district number. All employees of the district, up to 500, will be listed by last name and first name. (e.g. 090)
- **Employee or Dependent Name**
Type the first few characters of the last name. The more you enter, the narrower the search result(e.g. SMITH). Or type in few characters of the last name + comma + few characters of the first name without space(e.g. Sminthsonion,Jason)
- **Address**
Type the first few characters of the address or the street name(e.g. 1429 Second or Meadows Road)
- **Phone#**
Enter ten or seven digit phone number. The search will match work or home phone number(e.g. 5051234567 or 1112222)

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Figure 6-1: NMPSIA Online Benefits System inquiry search options.

Which person do you want to see?

SSN (SSN/District#/LastName/LastName,FirstName/Address/Phone/HIPPA ID)

Agency ID	SSN	last	first	mid	Dep.No	
2	073-10-0006	DUCK	DAFFY	D	10	Detail

1

Figure 6-2: Inquiry search results screen

Search	Summary	Address	Phone	Family	Enrollments	Beneficiaries	Premium	Eligibles	Salary	Notes
--------	---------	---------	-------	--------	-------------	---------------	---------	-----------	--------	-------

Address						
Address	City	State	Zip	Effective	Expire	
308 HOLLYWOOD BOULEVARD	TRUTH OR CONSEQUENCES	NM	87901	09/01/2013	N/A	

Phone and Email						
Home Phone	Work Phone	Cell Phone	E-Mail	Preferred Contact	Effective	Expire
(505)988-4974	(505)988-8943	(505)233-3164	ghwa@easitpa.com	email	09/01/2013	N/A

Eligible								
Dep_NO	Name	Effective	Expire	Medical	Dental	Vision	Life	
10	DAFFY D.DUCK	10/01/2013	N/A	Y	N	Y	Y	
10	DAFFY D.DUCK	09/01/2013	09/30/2013	N	N	N	N	
20	DAFFODILL DUCK	10/01/2013	N/A	Y	N	Y	Y	
30	DAVID DUCK	10/01/2013	03/31/2034	Y	N	Y	Y	
31	DIANA A.DUCK	04/01/2014	04/30/2038	Y	N	Y	N	

Enrollments																				
AID	Effective	Expire	Dist ID	District	Type	Dep No	Medical			Dental			Vision			LTD	BLF	VLF	SPLF	DPLF
							uw	plan	cvrg	uw	plan	cvrg	uw	plan	cvrg					
2	10-2013	N/A	73	Truth Or Consequences Municipal Schools	Active	10	BCBS	H	EF				DV	EF	N	Y	2	2	Y	
2	09-2013	09-2013	73	Truth Or Consequences Municipal Schools	Active	10									N	Y	0	0	N	

Salary				
Dist.ID	Dist Name	Effective	Expire	Amount
73	Truth Or Consequences Municipal Schools	09/01/2013	N/A	32,000.00

Premium									
Type	Dist.ID	Dist Name	Date	Billed	Current	Received	A/R	Rcvd_Date	AR_Date
A	73	Truth Or Consequences Municipal Schools	06/2015	0.00	0.00	0.00	0.00	N/A	N/A
A	73	Truth Or Consequences Municipal Schools	05/2015	0.00	0.00	0.00	0.00	N/A	N/A
A	73	Truth Or Consequences Municipal Schools	04/2015	0.00	0.00	0.00	0.00	N/A	N/A
A	73	Truth Or Consequences Municipal Schools	03/2015	0.00	0.00	0.00	0.00	N/A	N/A
A	73	Truth Or Consequences Municipal Schools	02/2015	0.00	0.00	0.00	0.00	N/A	N/A
A	73	Truth Or Consequences Municipal Schools	01/2015	0.00	0.00	0.00	0.00	N/A	N/A

Figure 6-3: Inquiry summary screen.

[Send Message](#) option will open new tab that will allow employer Benefits Representative to provide additional information, comments, or attachment in feedback message to Erisa Administrative Services, Inc.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	ERMessage
------	---------	--------	----------	----------------------	-----------	------------	-------------------	----------	--------	-----------

Use the form below to send a question or inquiry to your Benefits Department about your online enrollment transaction.

Subject:

Message Content

0/1000

Attachment:

Send to:

Figure 6-4: Inquiry feedback message capability.

Employer Information — Reports / Statistics

Home Inquiry Review New Hire Employer Information Cancel EE Report LOA Feedback Edit Password Logout **Statistics**

Welcome, Please click the follow list to select actions

- Confirmation
- QE
- INIT
- LTQE
- Image
- LOA
- Supporting Documents
- EOI
- Premium Change Events

Figure 7-1: Employer Information > Reports / Statistics menu options

Use **Download** to download all copies of a notice type for a given date.

EE Report Review					
Doc Type:	CONF	Date	05/20/2015	Search	Download
EESS	Name	Type	Date	Download	
- -1007	; RAUL	CONF	5/20/2015 11:00:21 PM	Download	
- -0811	; CARLOS	CONF	5/20/2015 11:00:21 PM	Download	
- -9731	; ERIKA K	CONF	5/20/2015 11:00:21 PM	Download	
- -7884	; CAROLINE	CONF	5/20/2015 11:00:21 PM	Download	
- -1853	; DAWSON WADE	CONF	5/20/2015 11:00:21 PM	Download	
- -7842	; ALMA A	CONF	5/20/2015 11:00:21 PM	Download	
- -5711	; VALERIA	CONF	5/20/2015 11:00:21 PM	Download	
- -7695	; FELICIA JOULE	CONF	5/20/2015 11:00:21 PM	Download	
- -8028	; CATHERINE M	CONF	5/20/2015 11:00:21 PM	Download	
- -2336	; KATHERIN L	CONF	5/20/2015 11:00:21 PM	Download	
- -4587	; MADELINE NICOLE	CONF	5/20/2015 11:00:21 PM	Download	
- -0854	; MARK A	CONF	5/20/2015 11:00:21 PM	Download	
- -6583	; JERRY DEE JR	CONF	5/20/2015 11:00:21 PM	Download	

Figure 7-2: Daily confirmation notices

LOA						
On LOA Currently you have 32 employee						
2 of them are expiring in Current month						
LOA Information						
Year:	2015	Month:	6	DateType:	Effective	<input type="text" value="Search"/>
ee_name	ee_ss	policy	effective	expire	receivedDate	
; LORENZO C	4585	LOA	05/01/2015	06/30/2015	05/05/2015	
; GEORGE	2112	LOA	02/01/2015	06/30/2015	01/15/2015	
; KEITH ANTHONY	3414	LOA	06/01/2015	07/31/2015	05/14/2015	
; JOSE I	42994	LOA	04/01/2015	07/31/2015	04/02/2015	
; SARA LYNN	2695	LOA	06/01/2015	08/31/2015	04/21/2015	
; KRISTINA M	0738	LOA	03/01/2015	08/31/2015	02/05/2015	
; RAMONA	2730	LOA	09/01/2014	08/31/2015	09/08/2014	
; MEGAN N	6691	LOA	06/01/2015	08/31/2015	04/15/2015	
; MARION SIEGLINDE	2367	LOA	04/01/2015	08/31/2015	03/10/2015	
; HEATHER MARIE	1329	LOA	09/01/2014	08/31/2015	11/18/2014	
; DEBRA ANN	4297	LOA	09/01/2014	08/31/2015	01/05/2015	
; MARIE W	0916	LOA	09/01/2014	08/31/2015	09/08/2014	
; ASHLEY L	1294	LOA	09/01/2014	08/31/2015	05/01/2015	
; PAULO A	9693	LOA	09/01/2014	08/31/2015	01/05/2015	
; EMILY M	4727	LOA	09/01/2015	09/30/2015	06/02/2015	
; ERIKA L	6628	LOA	10/01/2014	09/30/2015	11/18/2014	
; ANA D	4960	LOA	10/01/2014	09/30/2015	02/11/2015	
; KATHERINE A	0978	LOA	09/01/2015	09/30/2015	05/29/2015	
; DILLON JAMES	5323	LOA	10/01/2015	10/31/2015	10/10/2014	
; EDAN T	7193	LOA	12/01/2014	11/30/2015	01/15/2015	
; ARNOLD ANTHONY	8877	LOA	01/01/2015	12/31/2015	12/10/2014	
; MARIELA	4503	LOA	01/01/2015	12/31/2015	02/02/2015	
; LIDIA J	9469	LOA	02/01/2015	01/31/2016	02/06/2015	
; DEBORAH A	2526	LOA	05/01/2015	01/31/2016	05/13/2015	
; ARTURO	2291	LOA	02/01/2015	01/31/2016	05/01/2015	
; PATRICIA HERRERA	9247	LOA	03/01/2015	02/29/2016	02/19/2015	
; GUADALUPE	1335	LOA	04/01/2015	03/31/2016	05/13/2015	
; MARTINA	3770	LOA	05/01/2015	04/30/2016	04/27/2015	
; THEA C	1293	LOA	09/01/2015	08/31/2016	06/01/2015	
; DIANA PETRITA	2131	LOA	03/01/2015	08/31/2016	05/04/2015	
; SHARA LYNN	3651	LOA	09/01/2015	08/31/2016	06/01/2015	
; GRACE	0277	LOA	09/01/2015	08/31/2016	06/01/2015	

Figure 7-3: Leave of Absence

Premium Change Events



Year: 2015 Month: 4 Search

Premium Change caused by Enrollment Change

for_mmyy	ee_name	ee_ss	CurrentPremium	NextPremium
4/1/2015 12:00:00 AM	2699	AMANDA DYANN	\$17.68	\$4.70
4/1/2015 12:00:00 AM	9480	AMI LOIS	\$1,368.48	\$18.84
4/1/2015 12:00:00 AM	8985	ANGEL	\$1,132.18	\$1,522.94
4/1/2015 12:00:00 AM	7742	ANN MARIE	\$76.30	\$1,561.04
4/1/2015 12:00:00 AM	4993	BRITNEY	\$1,388.48	\$38.84
4/1/2015 12:00:00 AM	7409	CHRISTINE	\$1,346.62	\$531.38
4/1/2015 12:00:00 AM	2120	CLARA P	\$647.46	\$647.22
4/1/2015 12:00:00 AM	9250	DANIEL M	\$1,214.62	\$684.92
4/1/2015 12:00:00 AM	3516	ERIKA N	\$1,137.58	\$72.44
4/1/2015 12:00:00 AM	2054	GEORGINA R	\$143.82	\$110.54
4/1/2015 12:00:00 AM	2715	GLORIA L	\$636.70	\$607.62
4/1/2015 12:00:00 AM	6425	GLORIANA A	\$1,584.62	\$1,193.62
4/1/2015 12:00:00 AM	7652	HENRIETTA	\$4.70	\$1,254.64
4/1/2015 12:00:00 AM	1901	IRENE	\$499.12	\$18.96
4/1/2015 12:00:00 AM	1910	LISA JACQUELINE	\$83.62	\$75.68
4/1/2015 12:00:00 AM	9405	LOURDES	\$1,566.30	\$1,175.54
4/1/2015 12:00:00 AM	6031	MARGARET	\$505.30	\$941.88
4/1/2015 12:00:00 AM	0483	MARIAN	\$1,522.94	\$1,132.18
4/1/2015 12:00:00 AM	5560	MARIA N	\$100.32	\$1,368.48
4/1/2015 12:00:00 AM	5894	MARY ELLEN	\$782.18	\$222.12
4/1/2015 12:00:00 AM	6691	MEGAN N	\$623.82	\$1,157.98
4/1/2015 12:00:00 AM	1731	MICHAEL	\$553.76	\$100.84
4/1/2015 12:00:00 AM	9029	MILDRED J	\$1,368.48	\$1,051.34
4/1/2015 12:00:00 AM	0966	NANCY A	\$4.70	\$18.34
4/1/2015 12:00:00 AM	1007	RAUL	\$1,165.46	\$1,522.94
4/1/2015 12:00:00 AM	4725	ROCIO	\$67.04	\$4.70
4/1/2015 12:00:00 AM	4578	TERESA LYNN	\$1,522.94	\$1,132.18
4/1/2015 12:00:00 AM	7600	YOLANDA	\$934.28	\$39.58

Premium Change caused by ADJ

for_mmyy	ee_name	ee_ss	OldPremium	NewPremium
3/1/2015 12:00:00 AM	4720	ANNAMARIE L	\$617.54	\$603.60
4/1/2015 12:00:00 AM	4720	ANNAMARIE L	\$617.54	\$603.60
2/1/2015 12:00:00 AM	2291	ARTURO	\$1,176.38	\$1,139.04
3/1/2015 12:00:00 AM	2291	ARTURO	\$1,164.82	\$1,127.48
4/1/2015 12:00:00 AM	2291	ARTURO	\$1,164.82	\$1,127.48
3/1/2015 12:00:00 AM	7461	ELIZABETH J	\$36.96	\$23.44
4/1/2015 12:00:00 AM	7461	ELIZABETH J	\$36.96	\$23.44

Figure 7-4: Premium change events

— Change Access Information

Designated **MAIN** users at a participating organization can set up and administer access to Online Benefits System as changes in staffing are experienced or changes in responsibilities. Individuals can be identified with the following roles:

- Main
- Benefits
- Billing
- LOA
- Risk

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_ViewDistrictContacts										
View District Contacts										
Create New District Contact										
Name/ContactType,Jobtitle		Physical Address		Phone/Fax/Email	Action					
		Mailing Address								
main		180 NORTH DATE STREET	T OR C NM 87901	(575)894-8158	Edit Expire					
		180 NORTH DATE STREET	T OR C NM 87901	easitpa113@yahoo.com						
BENEFITS1		1429 2ND STREET	SANTA FE NM 87505	0	Edit Expire					
				ghwa@easitpa.com						
RISK1 BUSINESS MANAGER		180 NORTH DATE STREET	T OR C NM 87901	(575)894-8160	Edit Expire					
		180 NORTH DATE STREET	T OR C NM 87901	(575)894-7532 ghwa@easitpa.com						
Billing1		180 NORTH DATE STREET	T OR C1 NM 87901	(575)894-8158	Edit Expire					
		180 NORTH DATE STREET	T OR C NM 87901	(575)894-7532 ghwa@easitpa.com						

Figure 7-5: Employer contacts

Use [Create New District Contact](#) option to add a new contact.

ER_ViewCreateDistrictContact

ViewCreateDistrictContact

BasicInfo

Name:	<input type="text" value="S"/>	Password:	<input type="text"/>	
Job_Title:	<input type="text"/>	Contact:	<input type="text" value="Benefits"/> <input type="text" value="1"/>	
Address_1:	<input type="text" value="180 NORTH DATE STREET"/>			
Address_2:	<input type="text"/>			
City:	<input type="text" value="T OR C"/>	State :	<input type="text" value="NM"/>	Zip: <input type="text" value="87901"/>
PO Address:	<input type="text" value="180 NORTH DATE STREET"/>			
PO City:	<input type="text" value="T OR C"/>	PO State :	<input type="text" value="NM"/>	PO Zip: <input type="text" value="87901"/>
Phone:	<input type="text" value="(575)894-8158"/>	Fax:	<input type="text" value="(575)894-7532"/>	
Email:	<input type="text" value="easitpa113@yahoo.com"/>			

Save

Cancel

Figure 7-6: Change and add contact information

— Download Monthly Billing

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	ER_Download Billing
------	---------	--------	----------	----------------------	-----------	------------	-------------------	----------	--------	---------------------

View Monthly Billing Statement

Select report date: 2015 6
Select report type: PDF XLS CSV

Monthly employee benefit insurance premium invoices may be paid electronically by Automated Clearing House (ACH) or wire transfer. Payment is generally due on the 10th of each month.

Originator Information: Name of your organization as it appears on your invoice

Remit to: Wells Fargo Bank, NA
ABA Routing Number: 121000248
Account Number: 4123105504

Please note:

Payments received after the due date will result in the assessment of a 1.5% Late Penalty on the Grand Total Due.

Payment that is not paid as billed will result in the assessment of a Paid As Billed Penalty equivalent to the greater of either 1.5% of the Grand Total Due or \$500.00.

Payment instructions shown on this screen only apply to the payment of NMPSIA monthly employee benefit insurance premium invoices. Annual premium payments for property and liability coverage, Workers' Compensation, etc. (Risk Coverage) are directed to a different account.

Figure 7-7: Download monthly billing files in csv, Excel, or PDF format.

— Download Sample Billing

Sample bills are generally created at the conclusion of the Open Enrollment period and available to schools through this option on December 1. Sample bill allows school to see what premium invoice will look like based on enrollment elections employees have made that are becoming effective on the first of the following year.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_Download Sample Billing										
Download Sample Billing for Jan 2015										
Report date: 2015 - 01										
Select report type: <input checked="" type="radio"/> PDF <input type="radio"/> XLS <input type="radio"/> CSV										
<input type="button" value="Submit"/>			<input type="button" value="Reset"/>							

Figure 7-8: Download January 1 sample billing file in csv, Excel, or PDF format.

— Supplemental Life Premium Calculator

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
Supplemental Life Insurance Premium Calculator										
Supplemental Life Insurance Premium Calculator										
Effective for mm/yy	<input type="text" value="06/2015"/>									
Annual salary	<input type="text" value="40000"/>									
ALF	<input type="radio"/> No <input type="radio"/> 1xSalary <input checked="" type="radio"/> 2xSalary <input type="radio"/> 3xSalary					DOB(mm/dd/yyyy)	<input type="text" value="08/31/1968"/>			
SPLF	<input checked="" type="checkbox"/>					Spouse DOB(mm/dd/yyyy)	<input type="text" value="07/15/1970"/>			
DPLF	<input checked="" type="checkbox"/>									
ALF	9.6									
SPLF	3.2									
DPLF	0.24									
Total	13.04									
LTD	0									

Figure 7-8: Supplemental life premium calculator

— Report Pay Day

Used for reporting your organization’s pay dates between July and June of each year. Use **Search** to review payroll calendars for prior periods and **Add New** for new calendar.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout
------	---------	--------	----------	----------------------	-----------	------------	-------------------	----------	--------

ER_Reporting Pay Day

Payroll Calendar

Year:

Select the appropriate July – June period that you would like to report pay day information for. Use your mouse to click and select your organization’s pay dates. Click **Submit** when done.

Year: 2015

July 2015							August 2015							September 2015							October 2015						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4						1			1	2	3	4	5					1	2	3	
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
26	27	28	29	30	31	23	24	25	26	27	28	29	27	28	29	30	25	26	27	28	29	30	31				
							30	31																			

November 2015							December 2015							January 2016							February 2016						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7			1	2	3	4	5						1	2		1	2	3	4	5	6
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	7	8	9	10	11	12	13
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	19	20
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27
29	30	27	28	29	30	31							24	25	26	27	28	29	30	28	29						
													31														

March 2016							April 2016							May 2016							June 2016						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5					1	2	1	2	3	4	5	6	7			1	2	3	4		
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
27	28	29	30	31	24	25	26	27	28	29	30	29	30	31	26	27	28	29	30								

Figure 7-9: Employer July – June pay date calendar

— Report Premium Split

Most employers follow the employee/employer premium allocation schedule shown below:

Salary Band	Employee/Employer Premium Allocation
Less than \$15,000	25% / 75%
\$15,000 through \$19,999	30% / 70%
\$20,000 through \$24,999	35% / 65%
\$25,000 and Over	40% / 60%

Employee/employer monthly premium allocation information will automatically be updated to the Online Benefit System for these employers as premium rates are approved and published by NMPSIA.

Employers utilizing an alternate allocation schedule will first be requested to enter starting and ending salaries for each salary band used in their schedule, then individual employee and employer monthly premium contribution amounts for each tier of coverage and benefit type.

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

ER_Report Premium Split

Report Premium Split

Salary band limit should be within one cent of next salary range.

Effective Date:

Min Salary		Max Salary	
0.00		14999.99	Remove
15000.00		19999.99	Remove
20000.00		24999.99	Remove
25000.00		99999999.00	Remove

Next
Reset
AddRow

Figure 7-10: Employee/employer premium allocation salary bands

ER_Report Premium Split														
Report Premium Split														
Effective Date:10/01/2015														
Carrier	Plan	Coverage Level	0.00 - 14999.99			15000.00 - 19999.99			20000.00 - 24999.99			25000.00 - 99999999.00		
			EEPortion	ERPortion	Premium	EEPortion	ERPortion	Premium	EEPortion	ERPortion	Premium	EEPortion	ERPortion	Premium
Medical Blue Cross Blue Shield	High	Single	\$0.00	0	\$560.06	\$0.00	0	\$560.06	\$0.00	0	\$560.06	\$0.00	0	\$560.06
		Two Party	\$0.00	0	\$1,065.14	\$0.00	0	\$1,065.14	\$0.00	0	\$1,065.14	\$0.00	0	\$1,065.14
		Family	\$0.00	0	\$1,422.62	\$0.00	0	\$1,422.62	\$0.00	0	\$1,422.62	\$0.00	0	\$1,422.62
	Low	Single	\$0.00	0	\$470.44	\$0.00	0	\$470.44	\$0.00	0	\$470.44	\$0.00	0	\$470.44
		Two Party	\$0.00	0	\$894.70	\$0.00	0	\$894.70	\$0.00	0	\$894.70	\$0.00	0	\$894.70
		Family	\$0.00	0	\$1,195.06	\$0.00	0	\$1,195.06	\$0.00	0	\$1,195.06	\$0.00	0	\$1,195.06
Presbyterian	High	Single	\$0.00	0	\$452.92	\$0.00	0	\$452.92	\$0.00	0	\$452.92	\$0.00	0	\$452.92
		Two Party	\$0.00	0	\$951.02	\$0.00	0	\$951.02	\$0.00	0	\$951.02	\$0.00	0	\$951.02
		Family	\$0.00	0	\$1,268.16	\$0.00	0	\$1,268.16	\$0.00	0	\$1,268.16	\$0.00	0	\$1,268.16
	Low	Single	\$0.00	0	\$380.48	\$0.00	0	\$380.48	\$0.00	0	\$380.48	\$0.00	0	\$380.48
		Two Party	\$0.00	0	\$798.88	\$0.00	0	\$798.88	\$0.00	0	\$798.88	\$0.00	0	\$798.88
		Family	\$0.00	0	\$1,065.24	\$0.00	0	\$1,065.24	\$0.00	0	\$1,065.24	\$0.00	0	\$1,065.24
Dental United Concordia Dental	High	Single	\$0.00	0	\$27.24	\$0.00	0	\$27.24	\$0.00	0	\$27.24	\$0.00	0	\$27.24
		Two Party	\$0.00	0	\$51.86	\$0.00	0	\$51.86	\$0.00	0	\$51.86	\$0.00	0	\$51.86
		Family	\$0.00	0	\$81.48	\$0.00	0	\$81.48	\$0.00	0	\$81.48	\$0.00	0	\$81.48
	Low	Single	\$0.00	0	\$13.64	\$0.00	0	\$13.64	\$0.00	0	\$13.64	\$0.00	0	\$13.64
		Two Party	\$0.00	0	\$25.96	\$0.00	0	\$25.96	\$0.00	0	\$25.96	\$0.00	0	\$25.96
		Family	\$0.00	0	\$40.74	\$0.00	0	\$40.74	\$0.00	0	\$40.74	\$0.00	0	\$40.74
Vision Davis Vision	Single	\$0.00	0	\$6.26	\$0.00	0	\$6.26	\$0.00	0	\$6.26	\$0.00	0	\$6.26	
	Two Party	\$0.00	0	\$10.48	\$0.00	0	\$10.48	\$0.00	0	\$10.48	\$0.00	0	\$10.48	
	Family	\$0.00	0	\$14.14	\$0.00	0	\$14.14	\$0.00	0	\$14.14	\$0.00	0	\$14.14	

Submit

Figure 7-11: Employee/employer premium contribution amounts by tier of coverage and benefit type

— System Transaction Reports

Transaction Report option allows employers to review what transactions have been performed through the Online Benefit System. Information can be reviewed according to transactions performed during a particular month or type of transaction. The social security number search option allows this screen to display all Online transactions performed for a specific employee record.

ER_Transaction Log									
Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout
TranLog									
Year:	2015	Month:	6	All:	<input type="checkbox"/>	Transaction Type:	ALL	Staff Operate:	ALL
<input type="button" value="Search"/>		<ul style="list-style-type: none"> Update Basic Info Change Card New Hire Single New Hire Change Beneficiary Cancel/Drop EE 							
		Staff: ALL							
		EESS: <input type="text"/>							

Figure 7-12: Employer Information > Transaction Report screen

SEQ	Tran Type	dist id	SSN	EE	EE Sign	ER	ER Sign	Post By	Post Date	Staff Operate
1	SingleNewHire	17	2508			BENEFITS2	6/15/2015 1:46:55 PM			
2	SingleNewHire	17	2055			BENEFITS2	6/15/2015 1:25:34 PM			
3	SingleNewHire	17	9006			BENEFITS2	6/15/2015 1:13:30 PM			
4	DropEE	17	7016			BENEFITS2	6/15/2015 9:34:15 AM			
5	DropEE	17	8567			BENEFITS2	6/12/2015 2:08:30 PM			
6	DropEE	17	6798			BENEFITS2	6/12/2015 1:28:06 PM			

Figure 7-13: Sample transaction log display

— Salary Survey

Employers are requested to update employee salary information once a year. Salary files prepared by Erisa Administrative Services, Inc. to facilitate this may be downloaded from this web page. Completed salary files can be transmitted to Erisa through the file upload option.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
------	---------	--------	----------	----------------------	-----------	------------	-------------------	----------	--------	--

[Download Salary Survey Workbook](#)

NMPSIA Salary File Download Page

Please click the [Download Salary Survey Workbook](#) Link to save an Excel copy of the salary file to your local network or computer. Note the following when reporting salary information:

- Report base annual salary information rounded up to the next whole dollar amount and entered without the decimal point. **Do not** include increments or stipends.
- Example:** Salary of \$25,545.30 or \$25,545.80 should be reported as \$25,546
- Base annual salary should be entered in column F "New Salary".
- If information is displayed for someone that is no longer receiving a salary from your school or entity, please enter a 0 (zero) for that record's salary information.
- Add or insert requested information for anyone that is not listed in your file.
- Save your completed salary file.

Provide a completed copy of your salary file to Erisa Administrative Services, Inc. through the [Upload Completed Salary Survey Workbook](#) .

[Download Salary Survey Workbook](#)

[Upload Completed Salary Survey Workbook](#)

Figure 7-14: Information for downloading annual employer salary survey file

— Edit Password

This screen is designed to let individual users of the Online Benefit System change their password.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
------	---------	--------	----------	----------------------	-----------	------------	-------------------	----------	--------	--

modifyDistrictPassword

Employer representatives of [district name] are only able to change their own passwords.
Passwords are case sensitive, must be at least 6 characters long, and contain at least one upper case letter and one number.

select one: ▼

Password:

Figure 7-15: Individual change password capability

Cancel EE

Enter employee SSN, date benefit coverage is terminating, date transaction is being performed, and select **Note Type** from drop down list. Click **Submit** when completed.

This screen is only designed for entering prospective employee termination information. Terminations involving a retroactive termination date, as in the case of the death of an employee, should be reported to your Benefits Representative at Erisa Administrative Services, Inc.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_CancelEE										
HIPAA ID	SSN	EE Name	Last Date of Coverage	Received Date	Note Type					
					Reduction in hours Resignation Retirement Termination Employee no longer eligible Gross misconduct termination					
Submit			Reset		Print					

Please note if cancellation of coverage is related to the death of an employee, you should contact your Erisa Benefits Representative Mikki Shive at (800) 233-3164 or mshive@easitpa.com.

Figure 8-1: Screen for reporting prospective cancellation of employee benefit coverage

Report LOA

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_Report LOA										
Report LOA										
SSN	EE Name	Date Leave Started	Date Expected to Return	Type of Leave	Pay	Remove				
Comment				Disability Educational FMLA – Medical FMLA – Worker’s Compensation Medical Military Personal – FMLA Personal – Non-FMLA Sabbatical Worker’s Compensation	Paid	Remove				
Comment					Unpaid	Remove				
Comment						Remove				
Comment						Remove				
Comment						Remove				
Comment						Remove				
Comment						Remove				
AddRow										
Submit			Reset			Print				

If an employee's expected date to return to work is not known, please enter a date that is one year from when the employee's leave started in the "Date Expected to Return" column.

Please note "Type of Leave" is optional information for your recordkeeping purposes but not required by NMPSIA.

Figure 9-1: Report LOA screen

— Change LOA Date

Enter SSN of employee record that you want to change LOA information for or just click **Search** to display a list of all available LOA records.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_Report Loa Change Date										
SSN	Search Index			Search	(SSN/LastName/LastName,FirstName/Address/Phone/HIPPA ID)					
SSN	Last Name	First Name	Middle Name	Start Date	Return Date	Leave Type	Pay	Change		
9469	L	LIDIA	-	02/01/2015	01/31/2016	Medical	Paid	Change Date		
0277	S	GRACE		09/01/2015	08/31/2016	Personal – Non-FMLA	Unpaid	Change Date		
3885	P	YOLANDA		06/01/2015	06/30/2015	Personal – FMLA	Paid	Change Date		
4585	G	LORENZO		05/01/2015	06/30/2015	FMLA – Medical	Paid	Change Date		
3770	S	MARTINA		05/01/2015	04/30/2016			Change Date		
3651	S	SHARA		09/01/2015	08/31/2016	FMLA – Medical	Unpaid	Change Date		
2526	C	DEBORAH		05/01/2015	01/31/2016	Personal – FMLA	Paid	Change Date		

Figure 9-2a: Change LOA Date screen 1

Select **Change Date** for the employee LOA record that you want to change information for. Enter revised **Start Date** or **Return Date**, comment to assist with Erisa’s review of the transaction, and click **Submit** when done.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_Report Loa Change Date										
Change LOA Date										
SSN	- -9469									
Name	LIDIA									
Start Date	02/01/2015									
Return Date	01/31/2016									
Leave Type	Medical									
Pay	Paid									
Comment	<input type="text"/>									
										Submit

Figure 9-2b: Change LOA Date screen 2

— Report LOA Return

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	Logout	
ER_Report LOA										
Report LOA										
SSN	EE Name				Return Date	Remove				
<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="button" value="Remove"/>				
<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="button" value="Remove"/>				
<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="button" value="Remove"/>				
<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="button" value="Remove"/>				
<input type="button" value="Submit"/>					<input type="button" value="Reset"/>					

Jun 2015

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Figure 9-3: Screen for reporting employee’s return from LOA

Training Material

Training Webinar

Link to recorded webinar of initial training session for Online Benefit System (2:22:53)

Download Introductory Guide

Option to download PDF copy of Online Benefit System Introductory Guide

Feedback

Figure 11-1: Feedback message form

MAIN role at each employer has ability to view feedback messages for all users.

Title	Receiver	Create Time	Last Replay	Status	Author
073-10-0006 DAFFY D.DUCK	Mikki Shive(MS)	03/20/2014	03/20/2014	OPEN	SABRINA BIERNER (BENEFITS1)
Online Enrollment Question	(BENEFITS1)	12/10/2013	12/10/2013	OPEN	DAFFY D DUCK (73100006)
TEST MESSAGE 073-10-0006 DAFFY D.DUCK	Mikki Shive(MS)	09/17/2013	09/17/2013	OPEN	SABRINA BIERNER (Billing1)
585-23-2842 JIMMY L.CHAVEZ JR.	(BENEFITS1)	08/26/2013	08/26/2013	OPEN	SABRINA BIERNER (Billing1)
585-23-2842 JIMMY L.CHAVEZ JR.	(BENEFITS1)	08/26/2013	08/26/2013	OPEN	SABRINA BIERNER (Billing1)

Figure 11-2: Feedback message archive.

Employee

Employee Login and Access

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



Figure 12-1: NMPSIA Online Benefit System website

If using Internet Explorer as your web browser, you should activate Compatibility View settings for using this website (Tools > Compatibility View Settings).

Select the Employee Login option.

Review the terms and conditions for using the New Mexico Public Schools Insurance Authority's (NMPSIA) Online Benefits System and click **Accept** to continue.

Employee Sign in...

The information provided through this online enrollment site is intended as a summary only. This summary information does not supersede the provisions of the program documents, which in all cases govern program eligibility and benefits. This benefit summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations are available online from your summary plan description, available at <https://nmopsia.com>.

Enrollment transactions submitted through this online enrollment site are subject to review and approval for compliance with NMPSIA rules.

Information entered is saved each time you click Next to progress from one screen to another. If you need to continue your transaction at another time, click Next to save the information that you have entered and Logout. You can continue with your transaction the next time you login.

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 bottom left and right of the screen.

Accept

Figure 12-2: Employee login disclaimer

When Employee Sign In screen is displayed, type in the first few letters of the name of your employer or use the dropdown list to select your employer. Provide your social security number (no dashes) and your date of birth (mmddyyyy format, 8 digits). Click **Login**.

New Mexico
Public Schools Insurance Authority

Employee Sign in...

Sign in with your HIPAA ID: Sign in with your user defined login option: Sign in with your SSN number:

Please log in with your SSN and Birthday:

DistId: Truth Or Consequences Municipal Schools | 73

SSN: ●●●●●●●●

Date of Birth(MMDDYYYY): 01011960

Log In Home

Figure 12-3: Employee login by SSN

The first time an employee signs in to NMPSIA's Online Benefit System, they will be prompted to establish their own user ID and password.

New Mexico
Public Schools Insurance Authority

Main View or Change My Information Enrollment Beneficiary Retire Contact Us Management Logout

EE_EmailManagement_New

JAMES T KIRK

Personal setting

Please enter your desired user name and password. User name can be an e-mail address or combination of letters and numbers. User name must be at least 6 characters and can only include numbers, alphabetic characters, and @ sign.

Email or User Name:

Password:

Confirm Password:

Submit

Figure 12-4: Employee self-defined login option.

New Mexico
Public Schools Insurance Authority

Main View or Change My Information Enrollment Beneficiary Retire Contact Us Management Logout

EE_Main

District ID: 73 Truth Or Consequences Municipal Schools

JAMES T KIRK

Please select one of the options from the menu bar above to perform an action.

Figure 12-5: NMPSIA Online Benefits System employee home screen

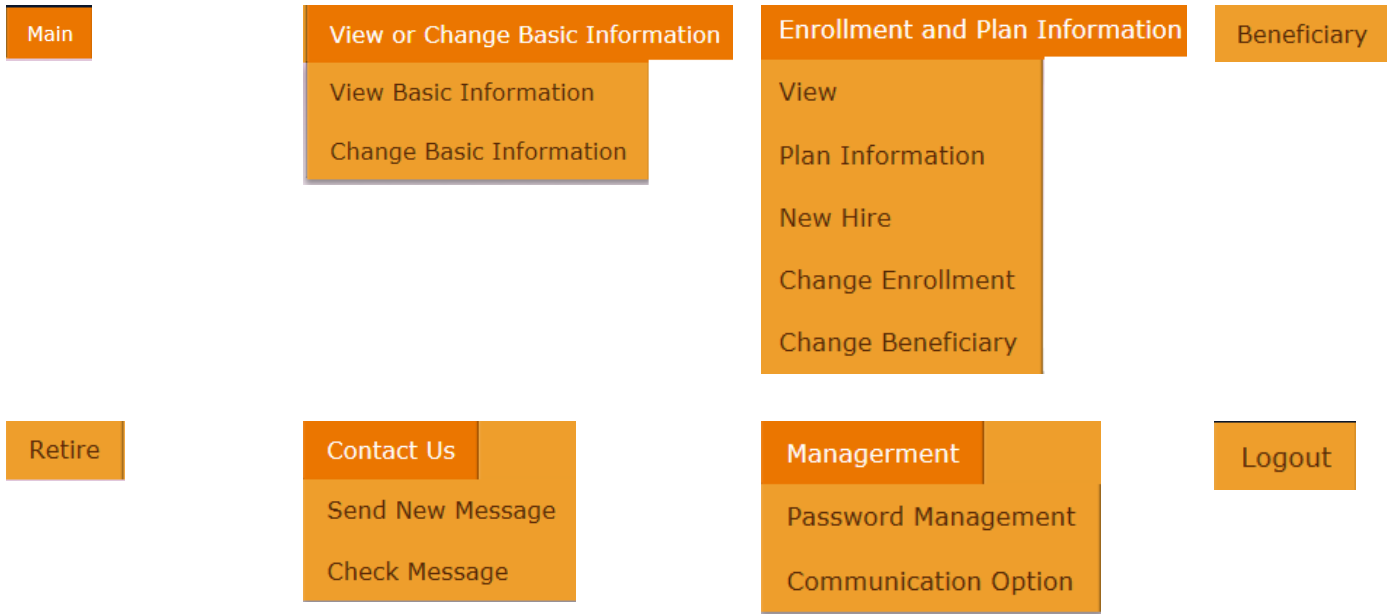


Figure 12-6: NMPSIA Online Benefits System employee menu options.

Employee Basic Information

Choose **View Basic Information** to show information currently reflected in system.

073-10-0029 JAMES T KIRK

Address						
Address	City	State	Zip	Effective	Expire	
1202 ACADEMY DRIVE	TRUTH OR CONSEQUENCES	NM	87901	04/01/2014	N/A	

Phone					
Home Phone	Work Phone	Cell Phone	Email	Effective	Expire
(505)988-4974	(505)988-8943	(505)233-3164	easitpa029@yahoo.com	04/01/2014	N/A

Eligible									
Effective	Expire	Type	#	Name	Medical	Dental	Vision	Life	
05/01/2014	N/A	73		JAMES T KIRK	Yes	Yes	No	Yes	
05/01/2014	N/A	73		JANE U KIRK	Yes	Yes	No	Yes	
05/01/2014	04/30/2030	73		JASON V KIRK	Yes	No	No	No	
05/01/2014	04/30/2038	73		JENNIFER P KIRK	Yes	No	No	No	

Family Members							
Dep_NO	Effective	Expire	Relationship	Gender	Name(first,mid,last,sfx)	SSN	Birthdate
10	04/01/2014	N/A	SELF	Male	JAMES T KIRK	073-10-0029	01/01/1967
20	05/01/2014	N/A	SPOUSE	Female	JANE U KIRK	073-20-0029	02/02/1972
30	05/01/2014	04/30/2030	SON	Male	JASON V KIRK	073-30-0029	04/04/2004
31	05/01/2014	04/30/2038	ADOPTED DAUGHTER	Female	JENNIFER P KIRK	073-31-0029	04/04/2012

Enrollment												
Effective	Expire	Dist ID	District			Type	Dep No	LTD	BLF	ALF	SPLF	DPLF
05/01/2014	N/A	73	Truth Or Consequences Municipal Schools			A	10	N	Y	2	2	N
Medical				Dental				Vision				
carrier	plan	coverage		carrier	plan	coverage		carrier	plan	coverage		
Blue Cross Blue Shield	Low	Employee and Family		United Concordia Dental	High	Employee and Spouse/Domestic Partner						

Salary						
Dist.ID	Dist Name			Effective	Expire	Amount
73	Truth Or Consequences Municipal Schools			04/01/2014	N/A	\$42,000.00

Beneficiaries						
Primary Beneficiary Designation History						
Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Basic Life	SPOUSE	JANE U KIRK	02/02/1972	100.00	05/01/2014	N/A
Additional Life	SPOUSE	JANE U KIRK	02/02/1972	50.00	05/01/2014	N/A
Additional Life	SON	JASON V KIRK	04/04/2004	50.00	05/01/2014	N/A
Contigent Beneficiary Designation History						
Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Additional Life	Friend	M. Spock	01/01/1969	50.00	05/01/2014	N/A
Additional Life	Friend	Leonard McCoy	01/01/1960	50.00	05/01/2014	N/A

Figure 13-1: Employee view basic information screen

Change Basic Information allows employee to change information like phone contact, e-mail, and address information.

If address information is longer than 25 characters, enter the secondary portion of the address like care of, unit, lot, suite, or apartment number in **Address Line 1** field and enter primary portion of address (i.e.: number and street) in **Address Line 2** field.

Main	View or Change Basic Information	Enrollment and Plan Information	Beneficiary	Retire	Contact Us	Management	Logout
EE_UpdateBasicInfo							
<h1>JAMES T KIRK</h1>							
Update Basic Information							
You can only change your address and basic contact information on this screen. If you wish to make a change to any of your other information, please use Change Enrollment option of the Enrollment tab above.							
Social Security No.	Last Name	First Name	Middle Name	Suffix			
073-10-0029	KIRK	JAMES	T				
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMail	Prerferred Contact
01/01/1967	Married	Male	(505)988-4974	(505)988-8943	(505)233-3164	easitpa029@yahoo.co	Email <input type="text"/>
Mailing address(Box#or Street Address)			Zip	City	State	County	
line 1	APT 204		87901	TRUTH OR CONSEQUENCES	NM	SIERRA	
line 2	1202 ACADEMY HILLS DRIVE X						
Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week			
Truth Or Consequences Municipal Schools	TEACHER	03/05/2014	\$42,000.00	40.00			
Last	First	Middle	Sfx	SSN	Date of Birth (mm/dd/yyyy)	Gender	Relationship
KIRK	JAMES	T		073-10-0029	01/01/1967	MALE	SELF
KIRK	JANE	U		073-20-0029	02/02/1972	FEMALE	SPOUSE
KIRK	JASON	V		073-30-0029	04/04/2004	MALE	SON
KIRK	JENNIFER	P		073-31-0029	04/04/2012	FEMALE	ADOPTED DAUGHTER
Next							

Figure 13-2: Employee change basic information screen

JAMES T KIRK

Update Basic Information

Select the **Upload Document** button if you need to provide copies of supporting documents such as marriage certificate, Affidavit of Domestic Partnership, or birth certificate for your dependents. This option can also be selected if you wish to provide any supplemental information in relation to your enrollment or eligibility for benefits through NMPSIA's benefit plans.

When prompted for **Document Type**, enter the type of document you are providing and which family member the document is for. Click **Upload** in the Upload Document window to continue.

Click **Finish** in the Update Basic Information window to complete your transactions.

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	Upload
------	-------	--------	-----	-----	---------------	--------	--------------	---------------	--------

Upload Document

Finish

Figure 13-3: Update Basic Information document upload screen

Enrollment and Plan Information – View

073-10-0029 JAMES T KIRK

Address						
Address	City	State	Zip	Effective	Expire	
1202 ACADEMY DRIVE	TRUTH OR CONSEQUENCES	NM	87901	04/01/2014	N/A	

Phone					
Home Phone	Work Phone	Cell Phone	Email	Effective	Expire
(505)988-4974	(505)988-8943	(505)233-3164	easitpa029@yahoo.com	04/01/2014	N/A

Eligible								
Effective	Expire	Type	#	Name	Medical	Dental	Vision	Life
05/01/2014	N/A	73		JAMES T KIRK	Yes	Yes	No	Yes
05/01/2014	N/A	73		JANE U KIRK	Yes	Yes	No	Yes
05/01/2014	04/30/2030	73		JASON V KIRK	Yes	No	No	No
05/01/2014	04/30/2038	73		JENNIFER P KIRK	Yes	No	No	No

Family							
Family Members							
Dep_NO	Effective	Expire	Relationship	Gender	Name(first,mid,last,sfx)	SSN	Birthday
10	04/01/2014	N/A	SELF	Male	JAMES T KIRK	073-10-0029	01/01/1967
20	05/01/2014	N/A	SPOUSE	Female	JANE U KIRK	073-20-0029	02/02/1972
30	05/01/2014	04/30/2030	SON	Male	JASON V KIRK	073-30-0029	04/04/2004
31	05/01/2014	04/30/2038	ADOPTED DAUGHTER	Female	JENNIFER P KIRK	073-31-0029	04/04/2012

Enrollment											
Effective	Expire	Dist ID	District	Type	Dep No	LTD	BLF	ALF	SPLF	DPLF	
05/01/2014	N/A	73	Truth Or Consequences Municipal Schools	A	10	N	Y	2	2	N	
Medical			Dental			Vision					
carrier	plan	coverage	carrier	plan	coverage	carrier	plan	coverage			
Blue Cross Blue Shield	Low	Employee and Family	United Concordia Dental	High	Employee and Spouse/Domestic Partner						

Salary				
Dist.ID	Dist Name	Effective	Expire	Amount
73	Truth Or Consequences Municipal Schools	04/01/2014	N/A	\$42,000.00

Beneficiaries						
Primary Beneficiary Designation History						
Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Basic Life	SPOUSE	JANE U KIRK	02/02/1972	100.00	05/01/2014	N/A
Additional Life	SPOUSE	JANE U KIRK	02/02/1972	50.00	05/01/2014	N/A
Additional Life	SON	JASON V KIRK	04/04/2004	50.00	05/01/2014	N/A
Contingent Beneficiary Designation History						
Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Additional Life	Friend	M. Spock	01/01/1969	50.00	05/01/2014	N/A
Additional Life	Friend	Leonard McCoy	01/01/1960	50.00	05/01/2014	N/A

Close

Figure 14-1: View current enrollment information

– Plan Information

Plan Information option allows employee to view various screens that provide some basic information about benefits available through NMPSIA’s employee benefit program and answers to some common questions.



Figure 14-2: Benefit information options available under Enrollment and Plan Information > Plan Information

– New Hire

WALTER WHITE

Employee New Hire – Basic Information – Screen 1 of 10

Social Security No.	Last Name	First Name	Middle Name	Suffix
073-10-0018	WHITE	WALTER		

Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMail	Preferred Contact
01/01/1960	Married	Male	(505)988-4974	(505)988-8943	(505)750-6484	wwhite1960@yahoo.c	Email

Mailing address(Box#or Street Address)	Zip	City	State	County
1042 VILLA DE PASEO	87199	ALBUQUERQUE	NM	BERNALLILO

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week	Effective Date for other benefits (medical, dental, vision, etc.)
Truth Or Consequences Municipal Schools	CHEMISTRY TEACHER	11/15/2013	\$4,000.00	40.00	12/01/2013

Next

Figure 14-3: Enrollment, New Hire, screen 1 of 10

WALTER WHITE

Employee New Hire –Dependent Information – Screen 2 of 10

Last	First	Middle	Sfx	SSN	Date of Birth (mm/dd/yyyy)	Gender	Relationship	Delete
WHITE	WALTER			073-10-0018	01/01/1960	MALE	SELF	
WHITE	SKYLAR			073-20-0018	02/02/1963	FEMALE	SPOUSE	Delete
WHITE	WALTER		JR	073-30-0018	03/03/1995	MALE	SON	Delete

Add Dependent **Previous** **Next**

NMPSIA rules require you to provide supporting documentation like a marriage certificate, Affidavit of Domestic Partnership, or birth certificate for any dependents being covered.

You will be able to upload files of these supporting documents as you continue this online enrollment process.

Last Name	WHITE
First Name	
Middle Name	
Suffix	
SSN	
Date of Birth (mm/dd/yyyy)	
Gender	Male
Relationship	SON

Add **Cancel**

Figure 14-4: Enrollment, New Hire, screen 2 of 10, dependents

Beneficiary

Main	View or Change Basic Information	Enrollment and Plan Information	Beneficiary	Retire	Contact Us	Management	Logout
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EE_View Beneficiary

JAMES T KIRK

View Beneficiary

Beneficiaries

Primary Beneficiary Designation History

Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Basic Life	SPOUSE	JANE U KIRK	02/02/1972	100.00	05/01/2014	N/A
Additional Life	SPOUSE	JANE U KIRK	02/02/1972	50.00	05/01/2014	N/A
Additional Life	SON	JASON V KIRK	04/04/2004	50.00	05/01/2014	N/A

Contigent Beneficiary Designation History

Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Additional Life	Friend	M. Spock	01/01/1969	50.00	05/01/2014	N/A
Additional Life	Friend	Leonard McCoy	01/01/1960	50.00	05/01/2014	N/A

Figure 14-5: Employee's current beneficiary designation.

Management — Password Management

Main	View or Change Basic Information	Enrollment and Plan Information	Beneficiary	Retire	Contact Us	Management	Logout
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EE_EmailManagement

Dist ID: 73 Truth Or Consequences Municipal Schools

JAMES T KIRK

Access to the NMPSIA online system is either obtained with the combination of your employer's District ID, the HIPAA ID assigned to you by NMPSIA's Administrative Office, and your birthday, or a user defined login option consisting of your e-mail address or user name. Your employer's District ID and your assigned HIPAA ID are shown on the Enrollment Notification notice provided to you upon your initial enrollment in NMPSIA's benefit program. This information is also shown on any Confirmation of Enrollment notice you receive from NMPSIA's Administrative Office.

If you would like to change how you access this website, you can provide your desired access information in the fields on the right side of the screen below. Your user name can be an e-mail address or combination of letters and numbers. User name must be at least 6 characters and can only include letters, numbers or the @ sign.

Please enter your assigned login information.		Please enter your desired login information.	
Hipaa ID or SSN:	SSN: <input checked="" type="radio"/> Hipaa ID: <input type="radio"/>	Email or User Name:	<input type="text" value="sample@email.com"/>
SSN:	<input type="text" value="73100029"/>	Old Password:	<input type="text"/>
Date of Birth(MMDDYYYY):	<input type="text"/>	New Password:	<input type="text"/>
		Repeat New Password:	<input type="text"/>

Figure 15-1: Employee login password management screen

— Communication Preference

Main	View or Change Basic Information	Enrollment and Plan Information	Beneficiary	Retire	Contact Us	Management	Logout
------	----------------------------------	---------------------------------	-------------	--------	------------	------------	--------

EE_Confirmation Email Confir

JAMES T KIRK

Dist ID: 73 Truth Or Consequences Municipal Schools

Email Address: easitpa029@yahoo.com

Can NMPSIA's Eligibility Administrative Office communicate with you by e-mail about your participation in NMPSIA's benefit plan? Yes No

Figure 15-2: Employee e-mail communication preference.