

## Exception Request Procedure for Benefits Specialists

### Procedure

1. The employee must first submit their enrollment request through their Employer and EASI Edu, following standard enrollment procedures.
2. If EASI Edu denies the request, the Employee and Employer must submit a formal Exception Request to the Benefits Analyst using the approved Exception Request Form.
3. The Benefits Analyst will confirm receipt of the exception request form within two (2) business days.
4. The Benefits Analyst will review documentation within the employee file to determine the basis for the denial and verify supporting documentation.
  - a. Additional documents may be requested from the Employee, Employer, or EASI Edu as needed. If documentation is not received by the date given by the Benefits Analyst, the case will be considered closed.
5. Upon receipt of all required documentation, the Benefits Analyst will prepare a written summary including background, timeline, findings, and proposed recommendation.
6. The summary and recommendation will be emailed to the Manager and Executive Director for review and determination.
7. Following final determination, the Benefits Analyst will communicate the approval or denial to the Employee, Employer, and EASI Edu for processing as appropriate.

### Resolution Timeline

All enrollment exception requests should be resolved within ten (10) business days, provided all required documentation is received in a timely manner.

### Packet Completion

Once the packet is completed and all supportive documentation has been gathered, email the entire packet to the NMPSIA Benefits Analyst at [Leslie.Martinez@psia.nm.gov](mailto:Leslie.Martinez@psia.nm.gov).



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## NMPSIA – Exception Request Intake Form

SECTION 1: Employer Information	
District/Entity Name	
Benefits Specialist Name	
Email Address	
Phone Number	
Date of Request	

SECTION 2: Employee Information	
Employee Full Name	
HIPAA ID	
Date of Birth	
Employment Status (i.e. Active, Terminated, Retired, LOA)	

SECTION 3: Type of Exception Requested
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If the enrollment request has not been processed by EASI Edu, please submit it for processing. This packet cannot be reviewed by NMPSIA until a determination has been made by EASI Edu.

**Please attach a copy of the Confirmation Notice regarding the determination to this packet.**

Please indicate the type of Exception Requested:

- Add Dependent
- Add Coverage
- Coverage Effective Date Change
- Cancellation of Dependent
- Cancellation of Coverage
- Late Enrollment
- Late Reporting QE
- Qualifying Event Reconsideration
- Reinstatement
- Other (Please describe in the space below):

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**SECTION 4: Effective Date Information**

Requested Effective Date	
Current System Effective Date (if applicable)	

**SECTION 5: Explanation of Circumstances**

Employer Explanation Statement (timeline and actions taken):

Employee Explanation Statement (timeline and actions taken):

## SECTION 6: Root Cause of Circumstance

- Communication Gap
- Administrative Oversight
- Employee Misunderstanding of Benefits
- System/Portal Issue
- EASI Oversight
- Other (Please describe in the space below):

## SECTION 7: Documentation Checklist

**NOTE: Any documentation provided must have EASI Edu “RECEIVED” date stamp or have been processed through the MyBenefits Portal to be considered.**

- Enrollment Form (if paper)
- Online Transaction Screenshot
- Proof of Qualifying Event
- Birth Certificate
- Marriage Certificate
- Loss of Coverage Letter
- Proof of other coverage
- Email Communication History
- Payroll Deduction Confirmation
- Other Supporting Documents (Please describe in the space below):

## SECTION 8: Employer Certification and Signatures

- The information provided is accurate and complete.
- The employee has been counseled on NMPSIA enrollment rules and timelines.
- This request falls outside of standard NMPSIA Rules and requires exception review.
- We understand this may be considered a one-time exception if approved.

Employer and Employee agree to pay retroactive premiums (if applicable).

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**SECTION 9: NMPSIA Review (Internal Use Only)**

Date Received	
Reviewer Name	
Status (i.e. Complete, Incomplete, Requested Additional Info)	
Recommendation (i.e. Approve, Deny)	
Date Escalated to Executive Director	
Executive Director Decision Date	

Root Cause of Circumstance:

- Communication Gap
- Administrative Oversight
- Employee Misunderstanding of Benefits
- System/Portal Issue
- EASI Oversight
- Other (Please describe in the space below):

Final Determination Notes:

**SECTION 10: Training Recommended**

- Yes – Employer Administration Training
- Yes – Employee Benefits Education
- Yes – MyBenefits Portal Refresher
- No training recommended at this time