Effective Date	
(mm/dd/yyyy)	

District/Entity Name District/Entity #

		Pub	lic Scho				exico Public S			_							
Insurance NM TECH RETIREE CHANGE CARD Authority																	
Eligibility Administrative Office (505) 988-4974 (800) 233-3164 FAX (505) 988-8943																	
1	S	ocial	Security I	Numb	er	Name	Name (Last, First, Middle)					Date of Birth					
Mailing Address												Zi	Zip Code Hor		ome Phone Number		
Marit	al Stat	tus	Gender		Preferre	d E-Mail A	Address By furni	ishing my e-ma	ail address on	this form, I am consent	ing to \	Vork	Phone Number	Cell Ph	one N	umber	
□s		М	□ F □] M [receive com	munications i	ations related to my participation in NMPSIA's benefit program by e-mail.										
☐ Check this box only if you do NOT wish to receive plan communications by e-mail.																	
REASON FOR CHANGE: Answer questions below																	
☐ Late Enrollment ☐ New addr							ınd/or phone nu	ımber	Wha	t event took pla	ce?						
	pen/S	Switch	n Enrollm	ent [] Qualif	ying Eve	nt		Wha	t date did event	take plac	ce?					
2 ENROLLMENT																	
	•		ent enrolln status are			· ·	☐ Retiree Only ☐ 2-Party (Retiree + Spouse or ☐ 2-Party (Reti						☐ Family (☐ Family (,	
Che	ck (One	:		ADD	COVE	RAGE	□ CA	NCEL	COVERAGE	•	□ 8	- ,	TCH ENROLLMENT			
	ICAL:										☐ Declin	e Me	dical				
∐ВІ	_		lue Shield ption (<i>Defa</i>			Cigna □ High C	na			resbyterian —			Reason:				
		ow Op	otion `	<i></i> ,			ption Plan	uny	Low O			_	dicaid? \(\subseteq \text{ Ye}	es 🗌 No			
DENT		PO O Delta] High	Option (Default)	Low Option	United Co	ncordia:	☐High Option (<i>D</i>	efault) 🗌	Low	Option	☐ Decline	e Denta	al	
□ v	☐ VISION: Davis Vision (2 year enrollment required) ☐ Decline Vision																
П А	DDITI	ONAI	LIFE: TI	he Sta	ndard \$	10.000					□ Declin	ne Re	tiree Additiona	al Life			
	ADDITIONAL LIFE: The Standard \$10,000 Decline Retiree Additional Life (Qualifying Event or Evidence of Insurability)																
3	D	EPEI	NDENT I	NFOF	RMATIO		all dependents you ate an A (add), D (•			•	•	neet if ne	ecessary.	
	-	_					(444), 5 (I		rugo,, or turt (not							
Med	Dntl	Visn		Depend	dent's Na	ame (Last, I	First, Middle)		Security ober IRED)	(mm/dd/yyyy)		Dependent's Relationship to You		Proof of Marriage, Birth, Loss of Coverage, or Court Order Attached			
											□ F □	М			Yes	□No	
											☐ F ☐	М			Yes	□No	
											☐ F ☐				Yes	□No	
4	-	ETIP	DEE ALLT	ים	747101	I STATE	MENIT				☐ F ☐	М			Yes	□No	
														. ,			
							yself and dependen s. I authorize any ho										
			,			my depend						` .					
comp	-	ties of	perjury an	id insu	rance frau	ud, i declar	e that I have exami	ined this ap	plication ar	id to the best of m	y knowledg	e and	belief, stateme	ents are tru	e, corre	ect, and	
RETIREE SIGNATURE DATE																	
RETURN THIS FORM TO NM TECH BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR QUALIFYING EVENT																	
NEW MEXICO TECH CERTIFICATION FORM MUST BE SIGNED BY NEW MEXICO TECH.																	
I attest that to the best of my knowledge that this applicant is a retiree of New Mexico Tech and meets the eligibility requiurements for NMPSIA benefits																	
	Retire		С		Terminatio		Renefite S	Specialist Sig	nature	Date	Signed by B	enefit	s Specialist		te Rece		
(mm/dd/yyyy)					e Coverag /dd/yyyy)	je	Benefits Specialist Signature				(mm/dd/yyyy)				Your Office		

Please read the NMPSIA Program Guide (provided to you by your benefits office) as you complete this form.

NMPSIA's Program Guide outlines the NMPSIA Eligibility Rules and administrative guidelines for enrollment. If you do not have this Guide, you can obtain a copy from your benefits office or at https://nmpsia.com.

ELIGIBILITY

The effective date for all your other lines of coverage is determined NM Tech. This effective date can never be made retroactive (prior to the date you officially apply).

ENROLLMENT

You may only apply for the lines of NMPSIA coverage offered by NM Tech.

Please keep the following in mind:

• You may enroll as single only for any line of NMPSIA coverage.

Indicate the status (retiree only, two-party, or family) for each line of coverage.

If both you and your spouse have coverage with NM Tech or under another NMPSIA affiliated employer, you and your spouse cannot double insure each other and your dependents under the NMPSIA Group Plan for any line of NMPSIA coverage.

Coverage for your dependents will begin on your effective date of coverage.

Medical and Prescription Drug Coverage – If you enroll in the medical plan, you are automatically enrolled in the Prescription Drug Program. You will receive a separate ID card from the NMPSIA Prescription Drug Manager to purchase your prescription drugs.

Additional Life Coverage - If you enroll for Additional Life coverage, you will qualify for the Retiree \$10,000 life amount.

CONFIRMATION OF ENROLLMENT

Once your enrollment has been processed, the NMPSIA Eligibility Administrative Office will email you or mail you a Confirmation of Enrollment Notice to your *home (and to NM Tech)*. Please review this confirmation notice carefully and report any discrepancies to New Mexico Tech Benefits Office or to the NMPSIA Eligibility Administrative Office at 1 (800) 233-3164.

If you do not provide NM Tech with all of the appropriate documentation necessary to finalize your enrollment request, you will be contacted for the appropriate documentation. Please be sure to adhere to all deadlines associated with this request.