Employee
Online System Tutorial

Open Enrollment
Adding Coverage/Adding Dependent

New Mexico
Public Schools
Insurance
Authority

EASI
Erisa Administrative Services, Inc.

IMPORTANT!
To ensure a successful experience on this tutorial,
please read the following in its entirety before proceeding.

- An Open Enrollment change can only be done during NMPSIA's Open Enrollment period (October 1- November 1, 2024).

- **If you do not want to make changes to your benefits, you do not have to take any action and your current plan will automatically renew.**

- Only one transaction may be performed at a time.

- Only one transaction is allowed per day.

- Be prepared to START AND FINISH during one sitting. If you are interrupted during the process, the system may time out due to inactivity and/or log you out. Simply log back in to pick up where you left off.

- Have all information needed and available to prevent system time out, such as dependents date of birth and social security number.

- Enter all data in the required format (i.e., DOB: mmddyyyy).

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What is Open Enrollment?

Open Enrollment is the period each fall when eligible employees may enroll themselves and/or eligible dependents in a medical, dental or vision plan when they have not done so previously or at the time of a qualifying event.

Changes to benefits are effective January 1, 2025.

During Open Enrollment, an eligible employee may elect to:

- **Add** eligible dependents to medical, dental or vision coverage
  (2-year lock-in rule applies to vision coverage)

- **Add** medical, dental, and/or vision coverage

NOTE: **Long Term Disability, Additional Employee Life, and/or Additional Spouse Life is allowed any time of the year** by requesting □ Evidence of Insurability on the Employee Enrollment/Change Form or via the Employee Login online system and submitting to your employer for signature or approval. *(Evidence of insurability and approval by The Standard will be required. If approved, the effective date will be determined as the first of the following month from the decision date.)*

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Employee Login Process from https://nmpsia.com/

All Employees will have access to the Online System during Open Enrollment.

Go to https://nmpsia.com/ and click on User Login then choose Employee Login.

Employee Login

Step 2

Read the page and select **"Accept"** to continue.

Step 3

Employee Login

You have the option to sign in using your *HIPAA ID* (found on a Confirmation Notice)*, User Defined Login Option* (previously created by you)*, or your Social Security Number (SSN).* In this example, we will use an **SSN**.

Employee Login

Find your **Employer Name** by clicking the *caret* on the drop-down box.

Scroll down to find your employer and click on the "Employer Name".

Step 3b

Employee Login

Enter your SSN (**do not use dashes or spaces**)
Enter your Date of Birth (*MMDDYYYY)* and click **"Log In"**.

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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:
Employer Name: ACADEMY FOR TECHNOLOGY AND THE CLASSICS | 309

SSN (Please do not use dashes or spaces): ●●●●●●●
Date of Birth(MMDDYYYY): 01011999

[Log In] [Home]

Employee Login

You can create your own username and password and click **"Submit"** or click **"Maybe Later"** to proceed.

Employee Login - Open/Switch Enrollment

Under **Enrollment and Plan Information**, click on **Open/Switch Enrollment**.

Employee Login - Choose Open Enrollment

On this screen the employee will start the **"Open Enrollment"** process.

"Open Enrollment" allows Employees to ADD eligible dependents to existing coverage and allows ENROLLMENT into medical, dental, and/or vision coverage.

(Note the 2-year minimum requirement for vision coverage).

Read notifications in their entirety and click acceptance of NMPSIA's Eligibility Rules and click "Next".

Employee Login - Choose Open Enrollment

Open Enrollment Add A Dependent

Step 7a to Step 10 will illustrate how to add an eligible

dependent(s) to your existing coverage.

Dependents will be effective January 1, 2025.

Open Enrollment Add A Benefit

Step 11 to Step 15 will illustrate how to

add a benefit coverage.

Benefits will be effective January 1, 2025.

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Employee Login - Choose Add Dependent

Your information will appear on this screen. Click **"Add Dependent"** at the bottom left-hand corner of the screen.

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Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE   EE_ChangeCard

BENA; JAKE
Change Enrollment

Social Security No.		Last Name	First Name	Middle Name	Suffix
088-88-3096		BENA	JAKE		

Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMail	Preferred Contact
01/01/1999	N	M	(505)555-1122		(505)555-1122	BENJAK99@LIVE.COM	5

Mailing address(Box#or Street Address)	Zip	City	State	County
123 MAIN ST	77777	SANTA FE	NM	12345

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	IT	07/05/2024	$50,000.00	35.00

Medical:	Presbyterian	Plan:	High
Dental:	Blue Cross Blue Shield	Plan:	High
Vision:	Davis Vision		

Basic Life Insurance:	Standard	Elected	$0.00
Additional Life Insurance:	Standard	Not Elected	0X Base Salary
Spouse Life Insurance:	Standard	Not Elected	$0.00
Dependent Life Insurance:	Standard	Not Elected	$0.00
Long Term Disability:	Standard	Not Elected	30D

☑ 125 Cafeteria Plan

Section 125 Cafeteria Plan participation is provided by your employer and **_NOT_** part of the **NMPSIA Employees Benefits Program**. Please contact for information on this program.

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF						

Add Dependent

Effective Date:01/01/2025

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Employee Login - Choose Add Dependent

A pop-up window will appear, requiring the dependent's information. Follow the format requirements on all fields. Once all information is entered click **"Add Dependent"**.

Employee Login - Choose Add Dependent
You can now view the added dependent information. If you are sure the information is correct select **"Next"**.

Note: To **ADD** additional eligible dependents, click **"Add Dependent"** on the lower left-hand corner and repeat Step 7b and review data until you have added everyone you want to add.

Once all dependents are shown correctly on this screen, click **"Next"**.

If the information shown is **not correct** you can select **"Cancel Add"**.

Click **"OK"** in the pop-up at the top of the screen to start all over and enter the information correctly.

nmpsiaonline.nmpsia.com says

Are you sure to cancel this dependent ?

OK   Cancel

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Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE   EE_ChangeCard

BENA; JAKE
Change Enrollment

Social Security No.	Last Name	First Name	Middle Name	Suffix
088-88-3096	BENA	JAKE		

Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMail	Preferred Contact
01/01/1999	N	M	(505)555-1122		(505)555-1122	BENJAK99@LIVE.COM	5

Mailing address(Box#or Street Address)	Zip	City	State	County
123 MAIN ST	77777	SANTA FE	NM	12345

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	IT	07/05/2024	$50,000.00	35.00

Medical:	Presbyterian	Plan:	High
Dental:	Blue Cross Blue Shield	Plan:	High
Vision:	Davis Vision		

Basic Life Insurance:	Standard	Elected	$0.00
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Spouse Life Insurance:	Standard	Not Elected	$0.00
Dependent Life Insurance:	Standard	Not Elected	$0.00
Long Term Disability:	Standard	Not Elected	30D

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Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status	
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF							
BENA	DANIEL			888-44-4555	11/07/2000	FEMALE	SON	☑	☑	☑	Birth	01/01/2025	Adde	Cancel Add

Add Dependent

Effective Date:01/01/2025

Previous   Next

Employee Login - Upload Documents for Added Dependent(s)

1. Click **"Upload Document"**. The Upload Document box will appear.
2. Select **"Choose File"**.

Employee Login - Upload Documents for Added Dependent(s)

3. A file folder box will open with your documents. Select your document and click **"Open"**. The "**Upload Document**" box will open. Next to **"Choose File"** the file name will appear to confirm you selected the correct file.

4. Type the name of your document and click **"Upload".**

Note:

- A copy of a Marriage Certificate (not Marriage License) or Schedule C <u>validated by your employer</u> is required to add a spouse.

- A copy of a Birth Certificate or Schedule B <u>validated by your employer</u> is required to add children. These documents must be scanned and saved for upload.

- These documents are required before any of your dependents will be added to coverage.

Remember to repeat this step for all family members you are requesting to add to your benefit coverage.

Employee Login - Upload Documents for Added Dependent(s)

5. Your document will show that it was uploaded under **"File".** Click **"Next"**.

Note:

- A copy of a Marriage Certificate (not Marriage License) or Schedule C <u>validated by your employer</u> is required to add a spouse.

- A copy of a Birth Certificate or Schedule B <u>validated by your employer</u> is required to add children. These documents must be scanned and saved for upload.

- These documents are required before any of your dependents will be added to coverage.

Employee Login - Preview Change Enrollment Request

Step 9

Read the disclaimer in red print and authorize by clicking **"Accept"**. *Check the box at the end of the disclaimer if someone helped you perform the online transaction.*

- **Enter your social security number.**

- **Enter your full name as shown.**

- **Enter the current date that you completed the process.**

- **Click "Finish".**

Employee Login - Change Enrollment Submitted

You will see this message after you complete **"Step 9"**. This shows your transaction has been submitted to your Benefits Specialist for approval.

Go to slide 26 (Step 15) to view an example of a "confirmation of enrollment" this will be the final verification that your request was approved or incomplete. Each note will vary and will reflect your transaction request.

Employee Login - Choose Open Enrollment

Open Enrollment Add A Benefit

Step 11 to Step 15 will illustrate how to

add a benefit coverage.

Benefits will be effective January 1, 2025.

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Employee Login - Choose Open Enrollment

On this screen the employee will click **"Open Enrollment".**

"Open Enrollment" allows Employees to **ADD** medical, dental, and/or vision coverage.
(Note the 2-year minimum requirement for vision coverage).

Read notifications in their entirety and click acceptance of NMPSIA's Eligibility Rules and click "Next".

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○ Open Enrollment   ○ Switch Enrollment

Only one Change Enrollment transaction may be performed at a time. If you are trying to perform multiple transactions, such as adding a benefit and adding a dependent, please direct your request to your employer's Benefits Representative.

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.

BENEFICIARY INFORMATION

Complete a **Schedule A** form to make your selection(s) for your beneficiary for basic life and/or additional life coverage. You may change your beneficiary designation at any time. If you do not designate a beneficiary for your life insurance, the life insurance carrier will apply its established processes to determine the individual(s) entitled to your life benefit.

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 your employer)*. Please review this confirmation notice carefully and report any discrepancies to your Employee Benefits Office or to the NMPSIA Eligibility Administrative Office at 1 (800) 233-3164.

If you do not provide your employer 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.

☑ I have read and understand NMPSIA's Eligibility Rules and administrative guidelines for enrollment presented above.

Next

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Employee Login – Add a Benefit

This is the place to select a **benefit carrier** and **benefit carrier plan** during **"Open Enrollment"**. Once you have made your selection click **"Next"**.

Click on the *caret* on the drop-down box for the **benefit carrier** you would like to add for Medical, Dental and/or Vision.

Click on the *caret* on the drop-down box to **select the benefit carrier plan option** you would like to select: "High, Low, or EPO".

BENA; JAKE

Change Enrollment

Social Security No.		Last Name	First Name	Middle Name	Suffix
088-88-3096		BENA	JAKE		

Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMail	Preferred Contact
01/01/1999	N	M	(505)555-1122		(505)555-1122	BENJAK99@LIVE.COM	5

Mailing address(Box#or Street Address)	Zip	City	State	County
123 MAIN ST	77777	SANTA FE	NM	12345

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	IT	07/05/2024	$50,000.00	35.00

Medical:	Presbyterian	Plan:	High
Dental:	Blue Cross Blue Shield	Plan:	High
Vision:	Davis Vision		
Basic Life Insurance:	Standard	Elected	$0.00
Additional Life Insurance:	Standard	Not Elected	0X Base Salary
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Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status	
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF							
BENA	DANIEL			888-44-4555	11/07/2000	MALE	SON	☑	☑	☑	Birth	01/01/2025	Added	Cancel Add

Add Dependent

Effective Date:01/01/2025

Previous

Next

Employee Login - Preview Change Enrollment Request

Read the disclaimer in red print and authorize by clicking **"Accept"**. *Check the box at the end of the disclaimer if someone helped you perform the online transaction.*

- **Enter your social security number.**

- **Enter your full name as shown.**

- **Enter the current date that you completed the process.**
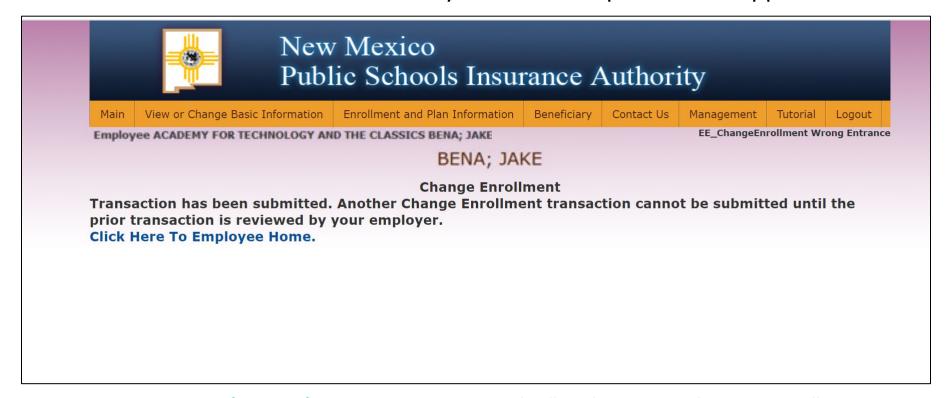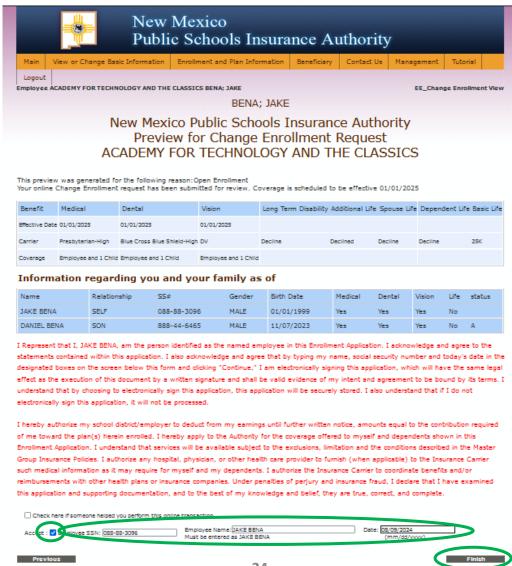
- **Click "Finish".**

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Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE | EE_Change Enrollment View

BENA; JAKE

New Mexico Public Schools Insurance Authority
Preview for Change Enrollment Request
ACADEMY FOR TECHNOLOGY AND THE CLASSICS

This preview was generated for the following reason: Open Enrollment
Your online Change Enrollment request has been submitted for review. Coverage is scheduled to be effective 01/01/2025

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date	01/01/2025	01/01/2025	01/01/2025					
Carrier	Presbyterian-High	Blue Cross Blue Shield-High	DV	Decline	Declined	Decline	Decline	25K
Coverage	Employee and 1 Child	Employee and 1 Child	Employee and 1 Child					

Information regarding you and your family as of

Name	Relationship	SS#	Gender	Birth Date	Medical	Dental	Vision	Life	status
JAKE BENA	SELF	088-88-3096	MALE	01/01/1999	Yes	Yes	Yes	No	
DANIEL BENA	SON	888-44-6465	MALE	11/07/2023	Yes	Yes	Yes	No	A

I Represent that I, JAKE BENA, 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.

☐ Check here if someone helped you perform this online transaction

Accept : ☑ Employee SSN: 088-88-3096   Employee Name: JAKE BENA   Date: 08/09/2024
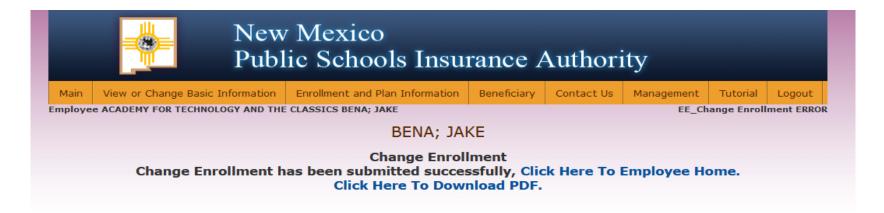Must be entered as JAKE BENA   (mm/dd/yyyy)

Previous   Finish

Step 14

Employee Login – Open Enrollment Submitted

You will see this message after you complete **"Step 13"**. This shows your transaction has been submitted to your Benefits Specialist for approval.
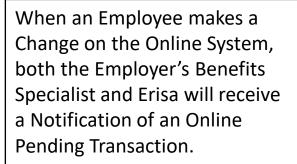

Remember to sign back in to the Online Benefit System in the next one or two days to check the status of your enrollment transaction.

Employee Login – Confirmation of Enrollment

When an Employee makes a Change on the Online System, both the Employer's Benefits Specialist and Erisa will receive a Notification of an Online Pending Transaction.

When approved, the Employee will receive a "Confirmation of Enrollment" via USPS mail at the address provided, as in this example on the right. The wording will match the description of the transaction made by the employee.

The Employee must review this "Confirmation of Enrollment" carefully to confirm all the information is correct.

If information is **incorrect** the Employee **must report changes immediately** to their Benefits Specialist to make corrections.

Each note will vary and will reflect your transaction request.

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

EASI

Confirmation of Enrollment

10/1/2024

Academy For Technology and The Classics

123

A2258JK10

Bena Jake
123 Main street   5
Santa Fe, NM 77777

You have added medical and dental coverage through open enrollment. Coverage is effective 01/01/2025 Please refer to the NMPSIA Program Guide at nmpsia.com for switch and open enrollment requirements. Should you make additional changes during the NMPSIA open enrollment, you will receive a second confirmation notice reflecting such changes.

You have the following coverages in effect

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Carrier	Pres High	BCBS High	Davis	Not offered by this employer	Not offered by this employer	Not offered by this employer	Not offered by this employer	The Standard
Coverage	Employee and 1 Child	Employee and 1 Child	Employee and 1 Child	Not offered by this employer	Not offered by this employer	Not offered by this employer	Not offered by this employer	$ 50,000

Information regarding you and your family as of 10/1/2024

ID	Name	Relation-ship	SS# HIPAA	Sex	Birth Date	Eligible until	Med	Den	Vsn	Lif	Additional Information
10	Jake Bena	SELF	A2258JK10	M	xx/xx/1970		Y	Y	Y	N/A	
30	Daniel Bena	SON	xxx/xx-4555	M	xx/xx/2000	11/30/2026	Y	Y	Y	N/A	

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Thank you for utilizing this valuable tool.
We hope you found it helpful and user friendly.