

Employee Online System Tutorial

Open Enrollment Adding Coverage/Adding Dependent

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).

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.)*

Step
1

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

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

The screenshot shows the top navigation bar of the New Mexico Public Schools Insurance Authority website. The 'User Login' button is highlighted with a green circle. Below the navigation bar, the main content area features a large banner with the text 'Welcome to the New Mexico Public Schools Insurance Authority'. Below the banner, there is a dark blue header with the NMPSIA logo and name. Underneath, the text 'Sign In...' is displayed above three login options: 'Employee Login' (circled in green), 'Employer Login', and 'Manager Login'.

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

Step
2

Employee Login

Read the page and select **“Accept”** to continue.

 **New Mexico
Public Schools Insurance Authority**

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://nmpsia.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 botton left and right of the screen.

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**.

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:

Employer Name:

SSN (Please do not use dashes or spaces):

Date of Birth(MMDDYYYY):

Step
3a

Employee Login

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

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:

Employer Name:

SSN (Please do not use dashes or spaces):

Date of Birth(MMDDYYYY):

- ACADEMY FOR TECHNOLOGY AND THE CLASSICS | 309
- ACE LEADERSHIP HIGH SCHOOL | 393
- ACES TECHNICAL CHARTER SCHOOL | 444
- ACTIVE BOARD MEMBERS | 405
- AFT NEW MEXICO | 97
- ALAMOGORDO PUBLIC SCHOOLS | 46
- ALBUQUERQUE BILINGUAL ACADEMY | 351
- ALBUQUERQUE CHARTER ACADEMY | 345
- ALBUQUERQUE COLLEGIATE CHARTER SCHOOL | 439
- ALBUQUERQUE INSTITUTE FOR MATH & SCIENCE | 354
- ALBUQUERQUE SCHOOL OF EXCELLENCE | 396
- ALBUQUERQUE SIGN LANGUAGE ACADEMY | 389
- ALDO LEOPOLD CHARTER SCHOOL | 349
- ALICE KING COMMUNITY SCHOOL | 364
- ALMA D ARTE CHARTER HIGH SCHOOL | 337
- ALTURA PREPARATORY SCHOOL | 440
- AMY BIEHL CHARTER HIGH SCHOOL | 304
- ANANSI CHARTER SCHOOL | 314
- ANIMAS PUBLIC SCHOOLS | 30
- ARTESIA PUBLIC SCHOOLS | 22

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”.

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:

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

Step
4

Employee Login

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

New Mexico
Public Schools Insurance Authority

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

Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE EE_EmailManagement_New

BENA; JAKE

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:

Maybe Later Submit

Step
5

Employee Login - Open/Switch Enrollment

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

The screenshot shows the website header for the New Mexico Public Schools Insurance Authority. A navigation menu includes 'Main', 'View or Change Basic Information', 'Enrollment and Plan Information', 'Beneficiary', 'Contact Us', 'Management', 'Tutorial', and 'Logout'. The 'Enrollment and Plan Information' menu is open, showing options: 'View', 'NMPSIA Benefit Plan Information', 'New Hire', 'Change Enrollment', 'Change Beneficiary', 'Open/Switch Enrollment', and 'Enrollment Notice'. The 'Open/Switch Enrollment' option is circled in green. Below the menu, a message states: 'Please select one of the menu bar above to perform an action.' At the bottom, a notice reads: 'NMPSIA's Open and Switch enrollment period is from **October 1, 2024 – November 1, 2024**. After this period NMPSIA's Online Benefit System can no longer accept these changes and you must visit your employer's Benefits Department before January 1st to see if your employer is able to accept an Open or Switch enrollment request that you would like to have effective January 1, 2025.'

Step 6

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).

New Mexico Public Schools Insurance Authority

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

Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE EE_ChangeCard

BENA; JAKE

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.

ACADEMY FOR TECHNOLOGY AND THE CLASSICS
CHRISTINE GARCIA , BUSINESS MANAGER
Phone: (505)438-4056
E-Mail: CHRISTINE.GARCIA@ATCSCHOOL.ORG

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

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.

Step
7

Employee Login - Choose Add Dependent

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

New Mexico Public Schools Insurance Authority

Main | View or Change Basic Information | Enrollment and Plan Information | Beneficiary | Contact Us | Management | Tutorial | Logout

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	E-Mail	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

Previous Next



Step
7a

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"**.

A screenshot of a web-based form for adding a dependent. The form is titled "Add Dependent" and contains the following fields and options:

- Last Name: BENA
- First Name: DANIEL
- Middle Name: (empty)
- Suffix: (empty)
- SSN: 888-44-6465
- Date of Birth (mm/dd/yyyy): 11/07/2023
- Gender: Male (dropdown)
- Relationship: SON (dropdown)
- Medical:
- Dental:
- Vision:
- Event Date: 01/01/2025
- Reason: Other (dropdown)
- Reason Note: Open Enrollment

At the bottom of the form, there are two buttons: "Add Dependent" (circled in green) and "Cancel".

Step 7b

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”**.

New Mexico Public Schools Insurance Authority

Main | View or Change Basic Information | Enrollment and Plan Information | Beneficiary | Contact Us | Management | Tutorial | Logout

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						
BENA	DANIEL			888-44-4555	11/07/2000	FEMALE	SON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Birth	01/01/2025	Add

Add Dependent (circled in green)

Effective Date:01/01/2025

Next (circled in green)

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.



Step
8

Employee Login - Upload Documents for Added Dependent(s)

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

New Mexico Public Schools Insurance Authority

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

Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE EE_Change Enrollment Support Document

BENA; JAKE

Employee ChangeCard - Upload Certificate

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	File	Upload
BENA	DANIEL			888-44-4555	11/07/2000	F	SON	Proof of birth		Upload

Previous Upload Document Next

Upload Document

Comment :

Choose File No file chosen

Upload Cancel

**Step
8a**

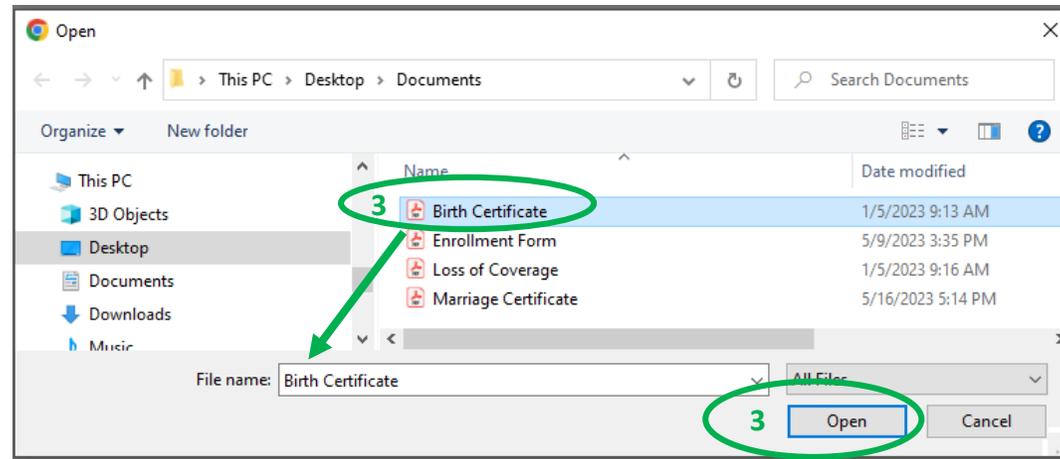
Employee Login - Upload Documents for Added Dependent(s)

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 validated by your employer is required to add a spouse.
- A copy of a Birth Certificate or Schedule B validated by your employer 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.



Step
8b

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 validated by your employer is required to add a spouse.
 - A copy of a Birth Certificate or Schedule B validated by your employer 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.

New Mexico Public Schools Insurance Authority

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

Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE EE_Change Enrollment Support Document

BENA; JAKE

Employee ChangeCard - Upload Certificate

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	File	Upload
BENA	DANIEL			888-44-4555	11/07/2000	F	SON	Proof of birth	Birth Certificate.pdf	Upload

Previous Upload Document 5 Next

Step 9

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”**.

New Mexico Public Schools Insurance Authority

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.

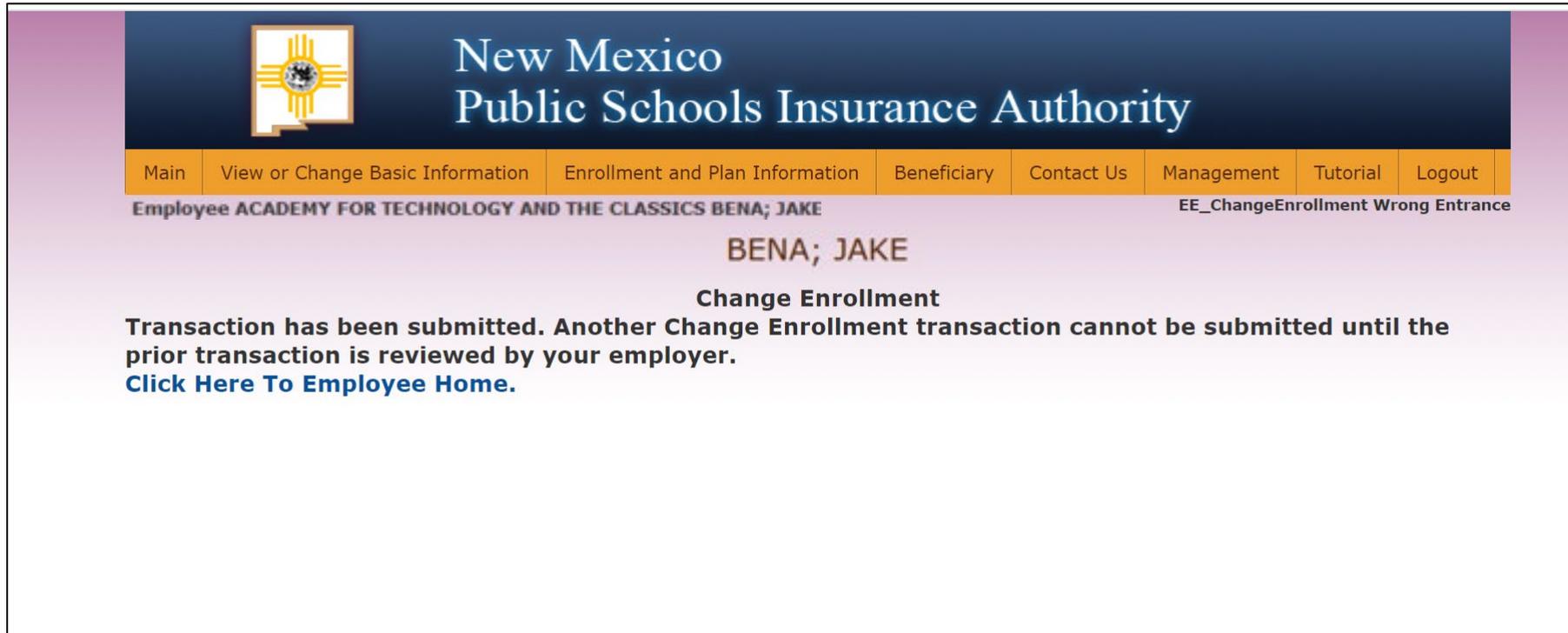
Accept: Employee SSN: [088-88-3096] Employee Name: [JAKE BENA] Date: [08/09/2024]
Must be entered as JAKE BENA (mm/dd/yyyy)



Step
10

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.



The screenshot displays the New Mexico Public Schools Insurance Authority website. At the top, there is a navigation menu with links: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. Below the menu, the user is identified as 'Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE' with a session ID 'EE_ChangeEnrollment Wrong Entrance'. The main content area shows the name 'BENA; JAKE' and the heading 'Change Enrollment'. The message states: 'Transaction has been submitted. Another Change Enrollment transaction cannot be submitted until the prior transaction is reviewed by your employer. Click Here To Employee Home.'

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.

Step 11

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).

The screenshot shows the website header with the logo and title "New Mexico Public Schools Insurance Authority". A navigation bar contains links: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. The main content area has two radio buttons: "Open Enrollment" (circled in green) and "Switch Enrollment". Below this is a paragraph: "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." A red-bordered box highlights the "Medical and Prescription Drug Coverage" section, "BENEFICIARY INFORMATION" section, "CONFIRMATION OF ENROLLMENT" section, and a checkbox labeled "I have read and understand NMPSIA's Eligibility Rules and administrative guidelines for enrollment presented above." (The checkbox is checked and circled in green). At the bottom right of the red box is a "Next" button, also circled in green.

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



Step
12

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.

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(Division or Entity Name)		Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week		
ACADEMY FOR TECHNOLOGY AND THE CD		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					
BENA	DANIEL			888-44-4555	11/07/2000	MALE	SON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Birth	01/01/2025 Added

Effective Date:01/01/2025

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”.

Step 13

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”**.

New Mexico Public Schools Insurance Authority

Main View or Change Basic Information Enrollment and Plan Information Beneficiary Contact Us Management Tutorial

Logout 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 (m/m/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.

The screenshot shows the website header for the New Mexico Public Schools Insurance Authority. The navigation menu includes: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. The main content area displays the following message:

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

BENA; JAKE

Change Enrollment

Change Enrollment has been submitted successfully, [Click Here To Employee Home.](#)

[Click Here To Download PDF.](#)

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.

Step
15

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.



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

10/1/2024

Confirmation of Enrollment

123

Academy For Technology and The Classics

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	The Standard			
Coverage	Employee and 1 Child	Employee and 1 Child	Employee and 1 Child					\$ 50,000

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

ID	Name	Relationship	SS# HIPAA	Sex	Birth Date	Eligible until	M	D	V	L	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	

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.



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