



EMPLOYEE ONLINE SYSTEM TUTORIAL

CHANGE BENEFICIARY





IMPORTANT!

To ensure a successful experience on this tutorial, please read the following in it's entirety before proceeding.

- A "Beneficiary Change" can be done at any time of the year.
- Only one transaction may be performed at a time.
- Only one transaction is allowed per day.
- Enter all data in the required format i.e., DOB: MMDDYYYY.





Employee Login Process Go To <u>https://nmpsia.com/</u>









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.







You have the option to sign in using your HIPAA ID, User Defined Login Option, or your Social Security Number. In this example we will use a SSN.

New M Public	lexico Schools Insurance Authorit	y.
	Employee Sign in	
Sign in with your HIPAA ID: Please log in with your SSN and B Employer Name: SSN (Please do not use dashes or Date of Birth(MMDDYYYY): Log In Home	Sign in with your user defined login option: Sign in with your Sign in with your Sign in with your Sign in with your	SSN number:







Find your Employer Name by clicking the *caret* on the dropdown box.

New Mexico Public Schools Insurance Authority											
	Employee Sign in										
Sign in with your HIPAA ID:O Sign Please log in with your SSN and Birthday: Employer Name: SON (Please do not use dashes or spaces): Date of Birth(MMDDYYYY): Log In Home	ACADEMY FOR TECHNOLOGY AND THE CLASSICS 309 ACADEMY FOR TECHNOLOGY AND THE CLASSICS 309 ALBUQUERQUE CHARTER ACADEMY 351 ALBUQUERQUE CHARTER ACADEMY 355 ALBUQUERQUE COLLEGIATE CHARTER SCHOOL 439 ALBUQUERQUE SCHOOL OF EXCELLENCE 396 ALBUQUERQUE SCHOOL OF EXCELLENCE 396 ALBUQUERQUE SCHOOL OF EXCELLENCE 396 ALBUQUERQUE SCHOOL OF EXCELLENCE 396 ALBUQUERQUE SCHOOL OF EXCELLENCE 397 ALTURA PREPARATORY SCHOOL 304 ANANSI CHARTER HIGH SCHOOL 304 ANANSI CHARTER HIGH SCHOOL 304 ANANSI CHARTER SCHOOL 314 ANIMAS PUBLIC SCHOOLS 30 ARTESIA PUBLIC SCHOOLS 30 ARTESIA PUBLIC SCHOOLS 32	Scroll down to find your employer									







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

New Mexi Public Sch	co ools Insurance Authority
	Employee Sign in
Sign in with your HIPAA ID: Sign in Please log in with your SSN and Birthday:	n with your user defined login option: Sign in with your SSN number:
Employer Name:	ACADEMY FOR TECHNOLOGY AND THE CLASSICS 309
SSN (Please do not use dashes or spaces): Date of Birth(MMDDYYYY):	
Log In Home	





You have the option to personalize your username and password. You can do this now or Select maybe later to proceed

	New Publ	/ Mexico lic Schools Insu	rance A	Authori	ty						
Main	View or Change Basic Information	Enrollment and Plan Information	Beneficiary	Contact Us	Management	Tutorial	Logout				
					EE_	_EmailManag	gement_New				
Perso	onal 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								





From your home screen, go to Enrollment and Plan Information.

	New Publ	y Mexico lic Schools Insu	ance A	Authori	ity		
Main	View or Change Basic Information	Enrollment and Plan Information	Beneficiary	Contact Us	Management	Tutorial	Logout
							EE_Main
		District ID:					
					6		
	Please select one of	the options from the me	enu bar a	bove to pe	erform an a	ction.	
IMPSIA IMPSIA st to s	A's Open and Switch enrollment per A's Online Benefit System can no lor ee if your employer is able to accept accept is able to accept acce	iod will be available to you from O nger accept these changes and yo ot an Open or Switch enrollment re	u must visit y equest that yo	023 – Novemi our employer's ou would like to	ber 10, 2023 . <i>A</i> s Benefits Depar o have effective	After this p rtment befo January 1	eriod ore January , 2024.





From the drop-down box, Select Change Beneficiary.

	New Mexico Public Schools Insurance Authority													
Main	View or Change Basic Information	Enrollment and Plan Information	Beneficiary	Contact Us	Management	Tutorial	Logout							
		View NMPSIA Benefit Plan Information	NMPSIA		•		EE_Main							
		New Hire Change Enrollment	SLIE											
	Please select one of	Change Beneficiary Enrollment Notice												
NMPSIA NMPSIA 1st to se	's Open and Switch enrollment peri 's Online Benefit System can no lon ee if your employer is able to accep	od will be available to you from O iger accept these changes and you t an Open or Switch enrollment re	ctober 1, 202 a must visit yo equest that you	2 3 – Novemb ur employer's u would like to	per 10, 2023. A Benefits Depar have effective	After this pe tment befo January 1,	eriod ore January , 2024.							







This is what the screen will look like before you add a beneficiary Select "Add".

New Mexico

If a schedule a document was completed by the employee and the employer has witnessed, you can add as an attachment.

Main	Main View or Change Basic Information			ent and	Plan Information	Beneficiary	Contact Us	Management	Tutorial	Logout
									EE_Change I	Beneficia
Enter be add up t Prima	neficiary informa o 100%. rv Beneficia	tion below. Perc	entages foi	Basic	Life and Addition	al Life primar	y beneficiaries	and secondary b	eneficiaries	should
Name	DOB	Relationship	Address	Zip	State	City	County	Basic Life	Additional Life %	Delete Line
Secon	dary Benefi	ciary								
Name	DOB	Relationship	Address	Zip	State	City	County	Basic Life %	Additional Life %	Delete Line
								(A	dd
			Sian D	ate:		T			Su	bmit

Public Schools Insurance Authority







Enter the Beneficiary information, Select Add.

If you are entering more then one beneficiary, please make sure that each percentage entered will equal 100%. (Example: if you are entering two beneficiaries like the one shown each should be 50%) or it will not accept the beneficiary.

		Enter Beneficia	ry Information	lic
		Name		
		Honey Wells	>>	
		DOB		
		01/12/2014		
		Address		
		1340 L ST 907 A ST	Same as Employee	
ddi		Zip		
		87006		
		State		
		NM		
		City		
		SANTA FE		
Hdi		County		
$\overline{}$		NM		
\rightarrow		Relationship		
		DAUGHTER		
	\mathbf{i}	Basic Life %		
	×	50		
		Туре		
		Primary Beneficiary 💙		
			Add Cancel	





Review the information, enter the date, add a comment Select Submit.

Social Security No.Last Name788-21-4845Gagnon		Last Name	Last Name Gagnon		First Name Isabella			ne	Suffi	Suffix		
		Gagnon							J			
Primary	Beneficia	ry										
Name	DOB	Relationsh	nip Address	Zip	State	City		County	Basic Life %	Delete Line		
Honey Wells	01/12/2014	DAUGHTER	1340 L ST 907 A ST	87006	NM	SANTA FI	Ē	NM	50.0000 %	Delete		
Henry Wells	01/12/2014	SON	1340 L ST 907 A ST	87006	NM	SANTA FI	E	NM	50 %	Delete		
Seconda	ry Benefic	ciary										
Name	DOB	Relationship Add	dress Zip	State	e	City	Cour	nty	Basic Life %	Delete Line		
									Add B	eneficiary		
Benefici	ary Attach	ment										
File Name		Comment							D	elete ne		
									Add At	ttachment		
Sign Date:0	3/21/2024 ENEFICIARY ASS	IGNMENT										
										Submit		





This is the message your Erisa Rep will receive.

SANTA FE	PUBLIC SCH	IOOLS(71) ER	Approve	d Chang	je Bene	ficiary: NI	MPSI	A Online	Change	Beneficiar	y Tra	insactio	
DA Data To C	DA Data Admin To Chere Garcia Cc Chere Garcia												
No authorization for communication by e-mail has been provided by this employee.													
NMPSIA online change beneficiary transaction has been approved by ALICIA HUERTA(HUMAN RESOURCES,BENEFITS1) Please do not respond to this e-mail message. This is a system generated message sent from an unmonitored e-mail account.													
Social Security	No.	Last Name		First	First Name Mide				Middle Name			ıffix	
xxx-xx-4845		Gagnon		Isabe	Isabella			z			J		
Primary Benefic	iary		1										
Name	DOB		Relationship	Address	Zip	State	Cit	ty		County		Basic Life %	
Honey Wells	01/12/2014	01/12/2014		1340 L ST 907 A ST	87006	NM	SAI	SANTA FE		NM		50.0000 %	
Henry Wells	Wells 01/12/2014 SON		1340 L ST 907 A ST	87006	NM	SAI	SANTA FE		NM	50.0000 %			
Secondary Bene	ficiary												
Name	DOB	Relationshi	p Address	Zip	State		City		County			Basic Life %	





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

If you need assistance or have any questions, please contact your Erisa Administrative Representative at 1-800-233-3164.