

Employee Online System

New Hire Adding Coverage

IMPORTANT!

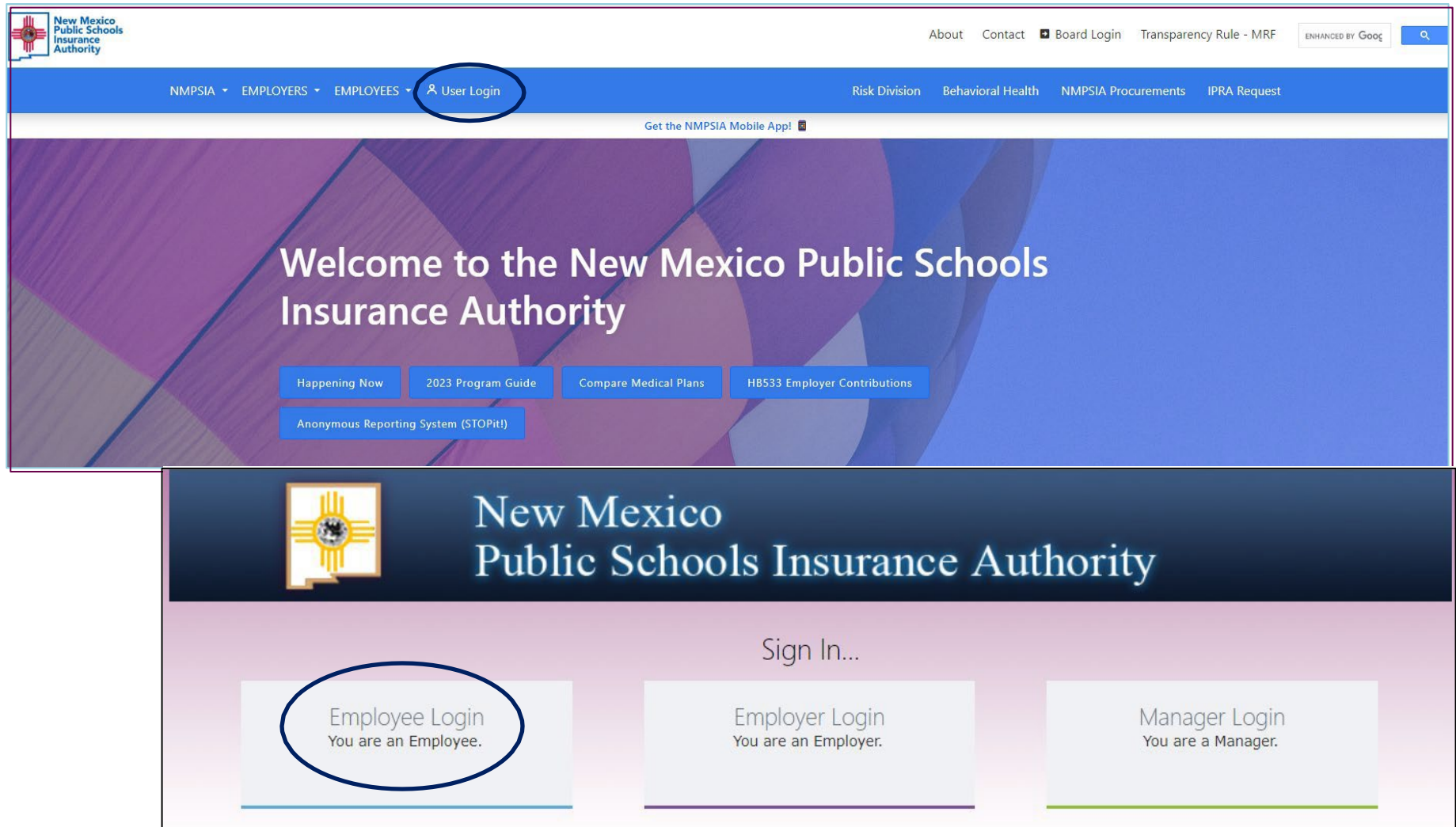
To ensure a successful experience on this tutorial, please read the following in it's entirety before proceeding.

- A “New Hire Enrollment” can be done during your New Hire enrollment period which is anytime within 31 days from your date of hire (first day scheduled to be at work).
- 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 NMPSIA.com and Select Employee Login.

Step
1



The screenshot shows the homepage of the New Mexico Public Schools Insurance Authority. The navigation bar includes links for 'User Login', 'Risk Division', 'Behavioral Health', 'NMPSIA Procurements', and 'IPRA Request'. The main content area features a welcome message and several buttons: 'Happening Now', '2023 Program Guide', 'Compare Medical Plans', 'HB533 Employer Contributions', and 'Anonymous Reporting System (STOPit!)'. A dark blue banner at the bottom contains the authority's name and three login options: 'Employee Login (You are an Employee.)', 'Employer Login (You are an Employer.)', and 'Manager Login (You are a Manager.)'. The 'Employee Login' button is circled in blue.

Step
2

Read 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.

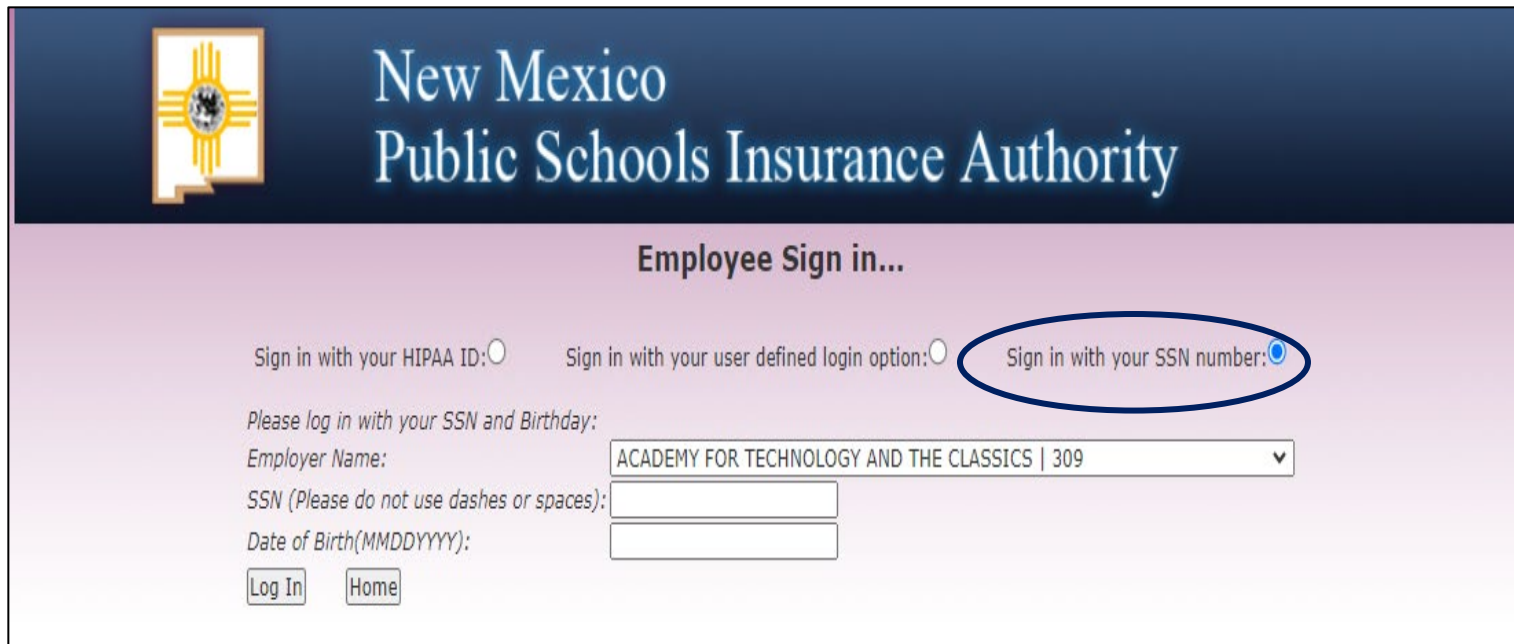
Information entered is saved each time you click Next to progress from one screen to another. If you need to continue your transaction at another time, click Next to save the information that you have entered and Logout. You can continue with your transaction the next time you login.

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 bottom left and right of the screen.

Accept

Step
3

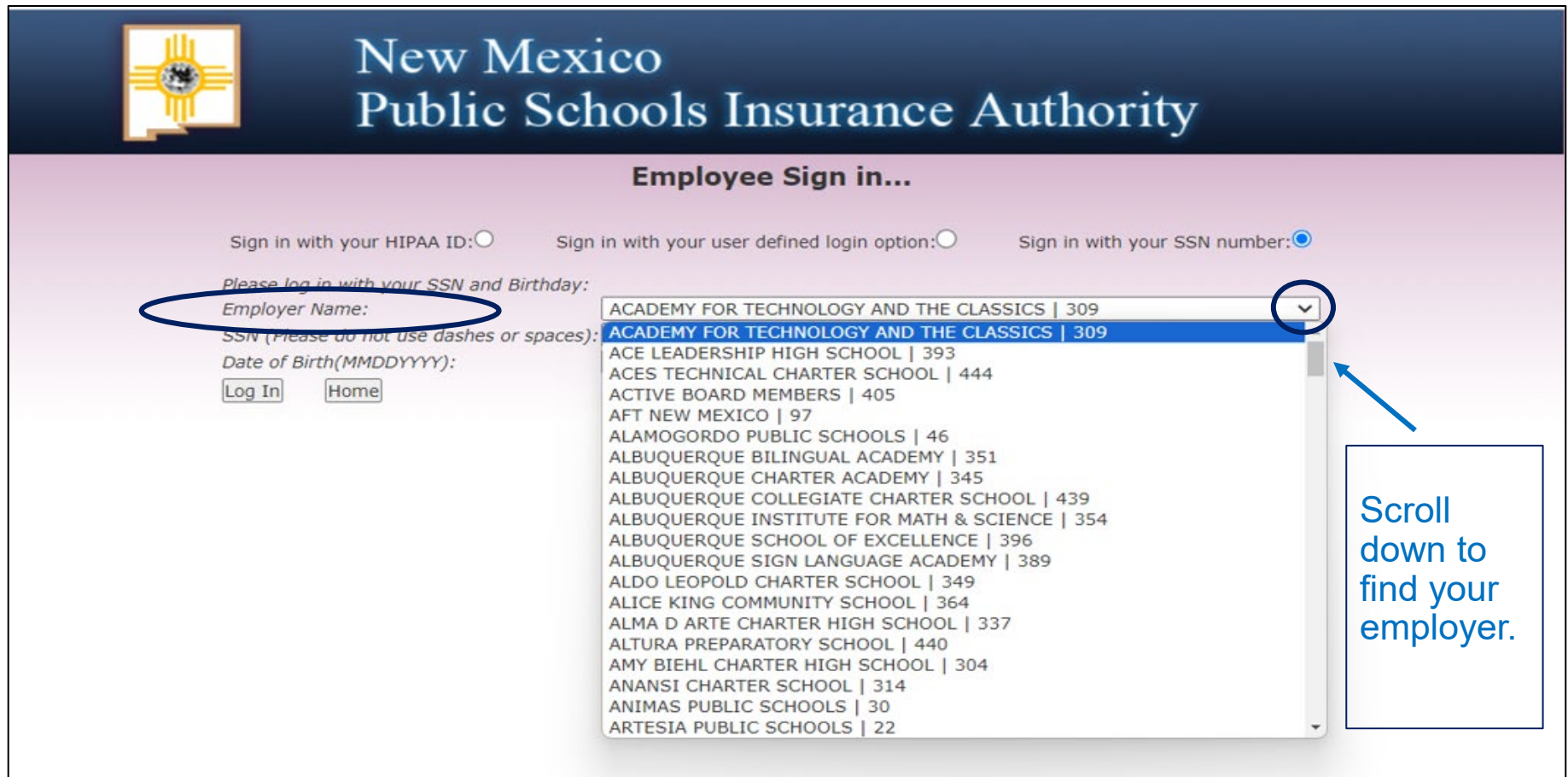
You have the option to sign in using your *HIPAA ID, User Defined Login Option, or your Social Security Number (SSN).*
In this example, we will use a SSN.



The screenshot shows the login interface for the New Mexico Public Schools Insurance Authority. At the top left is the state seal. The title "New Mexico Public Schools Insurance Authority" is centered. Below it is the heading "Employee Sign in...". There are three radio button options for login: "Sign in with your HIPAA ID:", "Sign in with your user defined login option:", and "Sign in with your SSN number:". The "Sign in with your SSN number:" option is selected and circled in blue. Below these options is the instruction "Please log in with your SSN and Birthday:". The "Employer Name:" field is a dropdown menu showing "ACADEMY FOR TECHNOLOGY AND THE CLASSICS | 309". The "SSN (Please do not use dashes or spaces):" and "Date of Birth(MMDDYYYY):" fields are empty text boxes. At the bottom left are "Log In" and "Home" buttons.

Step
4

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: 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):

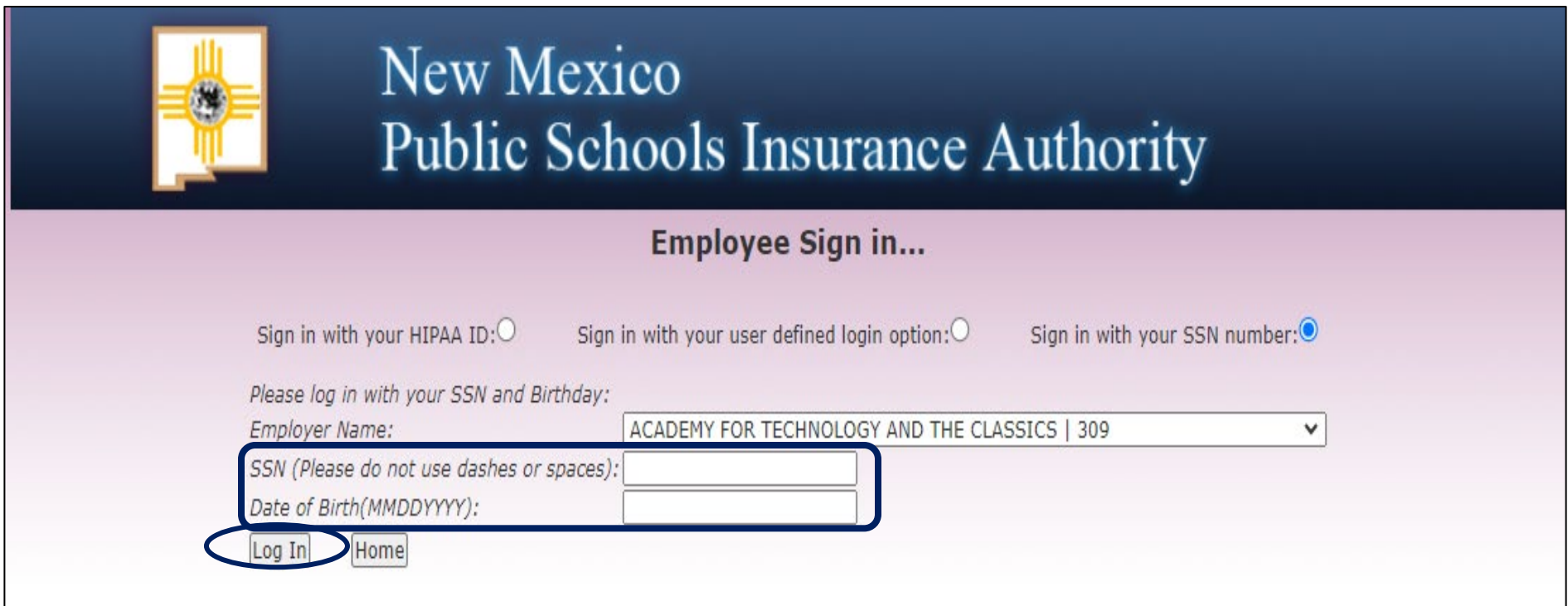
Date of Birth(MMDDYYYY):


ACADEMY FOR TECHNOLOGY AND THE CLASSICS | 309
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.

Step
5

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:

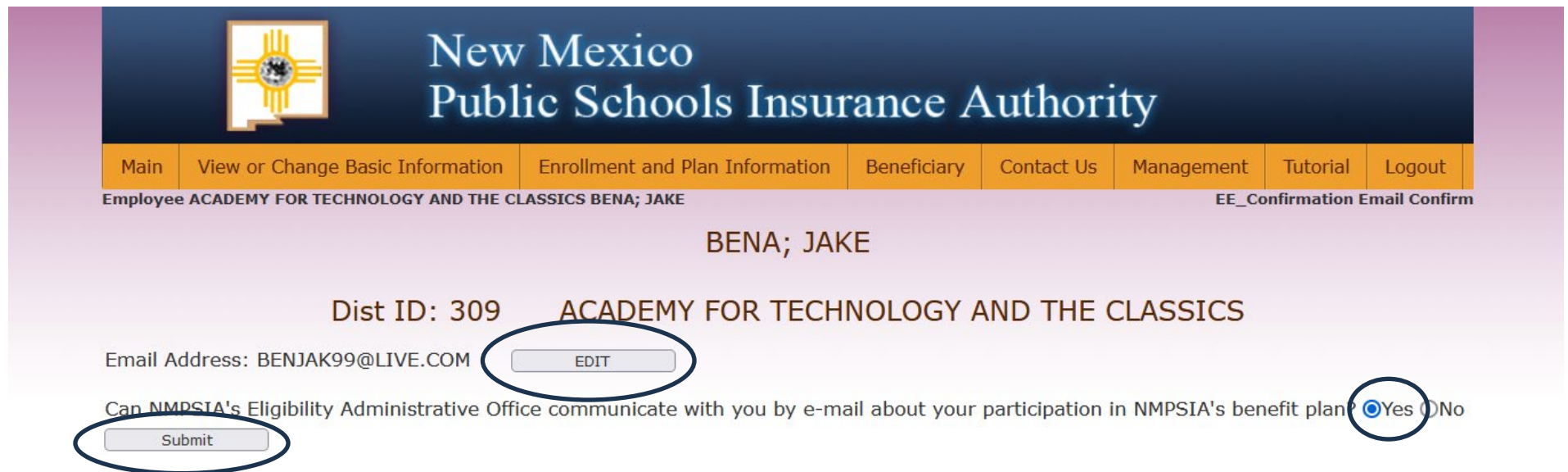
SSN (Please do not use dashes or spaces):

Date of Birth(MMDDYYYY):

Step
6

Please verify your email is correct.
(This should be your personal email, NOT your work email.)

If your email is incorrect **click EDIT**.
If your email is correct **click YES** and **click SUBMIT**.



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_Confirmation Email Confirm

BENA; JAKE

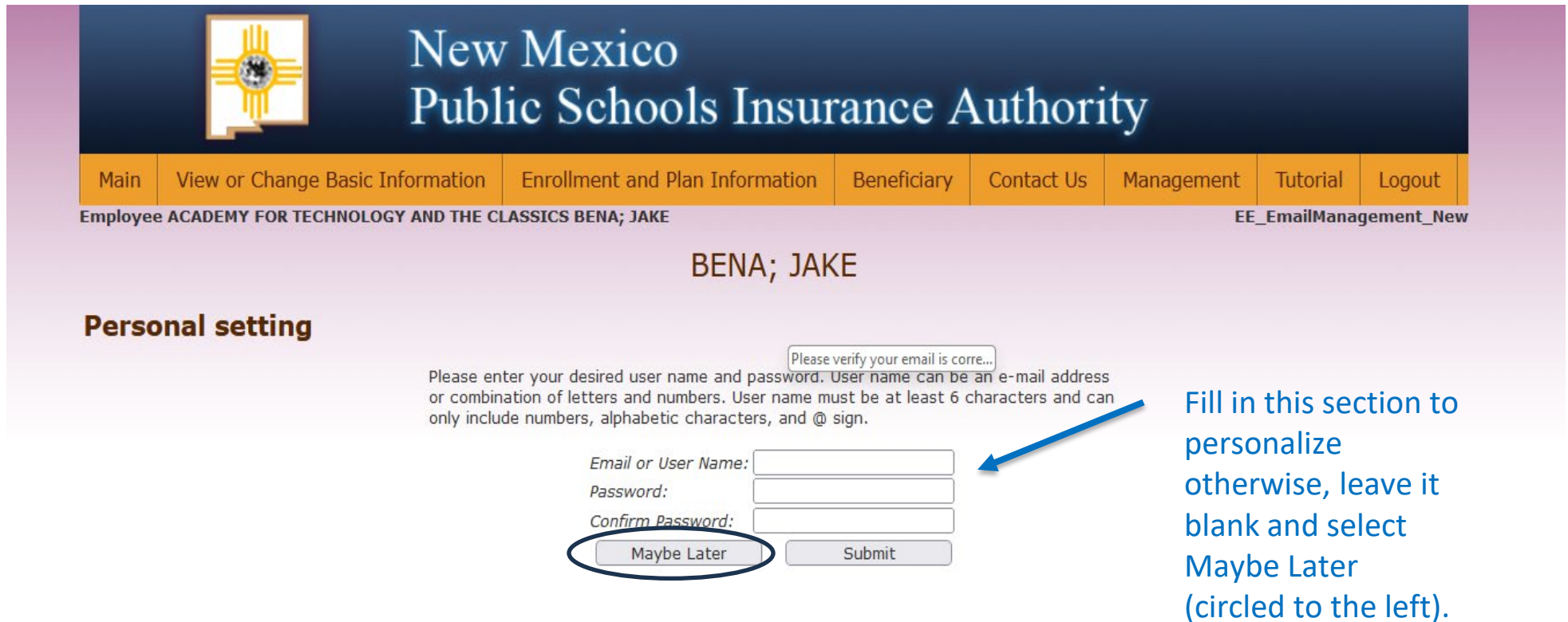
Dist ID: 309 ACADEMY FOR TECHNOLOGY AND THE CLASSICS

Email Address: BENJAK99@LIVE.COM

Can NMPSTIA's Eligibility Administrative Office communicate with you by e-mail about your participation in NMPSIA's benefit plan? Yes No

Step
7

You have the option to personalize your username and password. You can do this now or select **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.

Please verify your email is corre...

Email or User Name:

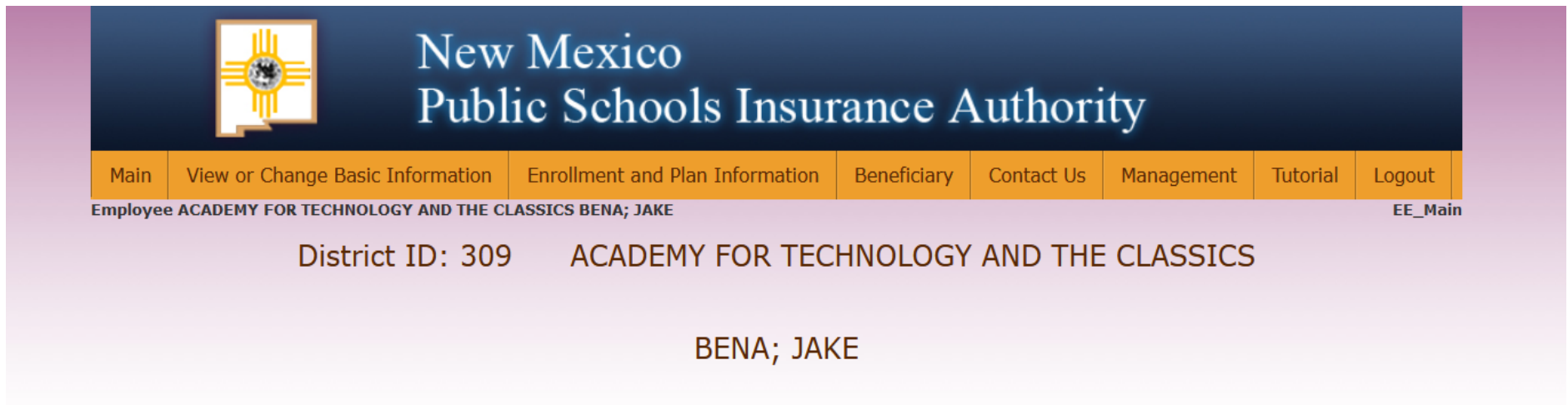
Password:

Confirm Password:

Fill in this section to personalize otherwise, leave it blank and select Maybe Later (circled to the left).

Step
8

After submitting your personal settings, you will see your Home Page (example shown below).



The screenshot shows the home page of the New Mexico Public Schools Insurance Authority. At the top left is the organization's logo. The header text reads "New Mexico Public Schools Insurance Authority". Below the header is a navigation menu with the following items: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. The user information is displayed as "Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE" on the left and "EE_Main" on the right. The district information is "District ID: 309 ACADEMY FOR TECHNOLOGY AND THE CLASSICS" and the employee name is "BENA; JAKE".

Please select one of the options from the menu bar above to perform an action.

NMPSIA's Open and Switch enrollment period will be available to you from **October 1, 2023 – November 10, 2023**. 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, 2024.

Step
9

Select **Enrollment and Plan Information**,
then select **New Hire**.



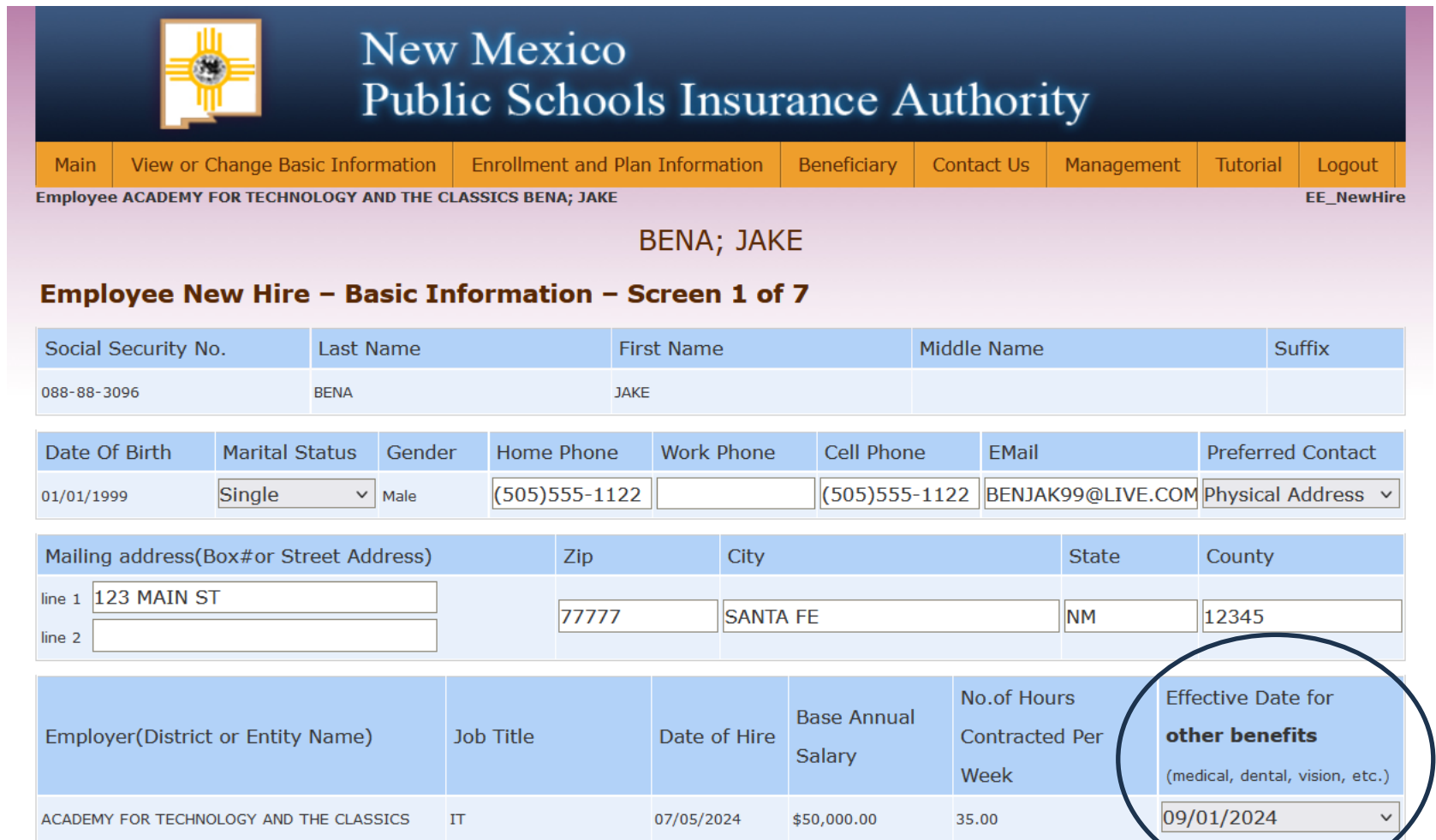
The screenshot shows the website header for the New Mexico Public Schools Insurance Authority. A navigation menu is visible with the following items: Main, View or Change Basic Information, **Enrollment and Plan Information** (circled in blue), Beneficiary, Contact Us, Management, Tutorial, and Logout. Below the menu, the text 'District ID: 309' is visible. A dropdown menu is open under 'Enrollment and Plan Information', listing the following options: View, NMPSIA Benefit Plan Information, **New Hire** (circled in blue), Change Enrollment, Change Beneficiary, Open/Switch Enrollment, and Enrollment Notice. Below the dropdown, the text 'Please select one of' is visible. At the bottom of the page, a notice states: 'NMPSIA's Open and Switch enrollment period will be extended to you from **October 1, 2023 – November 10, 2023**. 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, 2024.'

Step
10

Enter your effective date for other benefits
(medical, dental, vision, long-term disability,
additional life insurance.)

Please make sure you have coordinated your effective date with your payroll department.

Your basic information will auto-populate. Review and make sure it is correct.



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_NewHire

BENA; JAKE

Employee New Hire - Basic Information - Screen 1 of 7

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	Single	Male	(505)555-1122		(505)555-1122	BENJAK99@LIVE.COM	Physical Address

Mailing address(Box#or Street Address)	Zip	City	State	County
line 1 123 MAIN ST	77777	SANTA FE	NM	12345
line 2				

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week	Effective Date for other benefits (medical, dental, vision, etc.)
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	IT	07/05/2024	\$50,000.00	35.00	09/01/2024

Step
11

After you read the information, click the acknowledgment box, agreeing that you have read and understand NMPSIA's Rules and Guidelines.

Then select **Next**.

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

Step
12

To add dependents, Click **Add Dependent**.
Another box will appear, enter the dependent
information and click **Add**.

If you are not adding dependents or
are done entering your dependents 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_NewHire

BENA; JAKE

Employee New Hire – Dependent Information – Screen 2 of 10

Last	First	Date of Birth (mm/dd/yyyy)	Gender	Relationship	Operate
BENA	JAKE	01/01/1999	MALE	SELF	

Add Dependent Previous

Last Name: BENA

First Name: HONEY

Middle Name:

Suffix:

SSN: 88811211

Date of Birth (mm/dd/yyyy): 07/07/1980

Gender: Female

Relationship: SPOUSE

Add Cancel

Next

**Step
13**

Review the dependent information, and make sure all is correct. You can edit or delete any mistakes. If everything is correct, 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_NewHire

BENA; JAKE

Employee New Hire – Dependent Information – Screen 2 of 10

Last	First	Middle	Sfx	SSN	Date of Birth (mm/dd/yyyy)	Gender	Relationship	Operate
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF	
BENA	HONEY			088-81-1211	07/07/1980	FEMALE	SPOUSE	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

NMPSIA rules require you to provide supporting documentation like a marriage certificate, Affidavit of Domestic Partnership, or birth certificate for any dependents being covered.

You will be able to upload files of these supporting documents as you continue this online enrollment process.

**Step
14**

Medical Coverage screen will appear.



**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_NewHire

BENA; JAKE

Employee New Hire – Medical Coverage – Screen 3 of 10

Check the "Medical" box next to each family member that you want this coverage for.

Carrier: **DECLINED** ▼

Plan: **NONE** ▼

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF	<input type="checkbox"/>
BENA	HONEY			088-81-1211	07/07/1980	FEMALE	SPOUSE	<input type="checkbox"/>

Previous **Next**


Estimated Monthly Premium Cost*

Benefit	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Current month's payroll deductions go towards premium payments for the following month's coverage.

*Estimated Monthly Premium Cost shown is based on the Contribution Schedule elected by your employer. Please confirm with your employer the exact employee portion of the monthly premium.

Note:
"Example only, rates will vary for each employee based on the selections made"



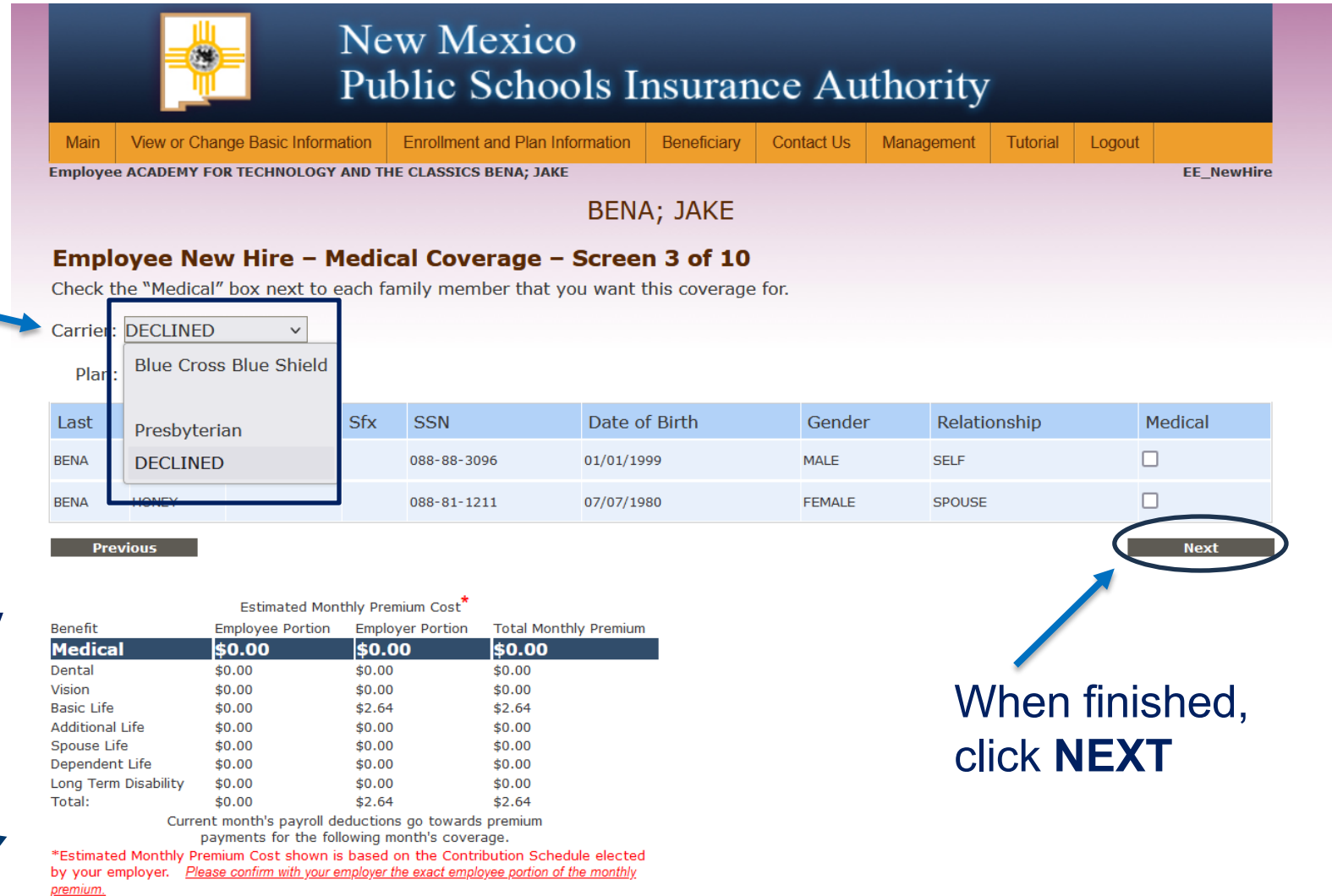
Step
15

Choosing a Carrier for Medical

Use the drop-down menu to select the Carrier or Decline coverage.

Note: the carrier of choice will be automatically applied to all family members.

Note: "Example only, rates will vary for each employee based on the selections made"



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_NewHire

BENA; JAKE

Employee New Hire – Medical Coverage – Screen 3 of 10

Check the "Medical" box next to each family member that you want this coverage for.

Carrier: DECLINED
Plan: Blue Cross Blue Shield

Last	Sfx	SSN	Date of Birth	Gender	Relationship	Medical
BENA		088-88-3096	01/01/1999	MALE	SELF	<input type="checkbox"/>
BENA	HONEY	088-81-1211	07/07/1980	FEMALE	SPOUSE	<input type="checkbox"/>

Previous **Next**

Benefit	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Current month's payroll deductions go towards premium payments for the following month's coverage.

*Estimated Monthly Premium Cost shown is based on the Contribution Schedule elected by your employer. Please confirm with your employer the exact employee portion of the monthly premium.

When finished, click **NEXT**

**Step
16**

Choosing a Plan

Select the
Plan option

(EPO is only available if BCBS is the selected carrier).



New Mexico Public Schools Insurance Authority

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

Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE

BENA; JAKE

Employee New Hire – Medical Coverage – Screen 3 of 10

Check the "Medical" box next to each family member that you want this coverage for.

Carrier: Blue Cross Blue St

Plan: EPO

Last	Sfx	SSN	Date of Birth	Gender	Relationship	Medical
BENA		088-88-3096	01/01/1999	MALE	SELF	<input checked="" type="checkbox"/>
BENA HONEY		088-81-1211	07/07/1980	FEMALE	SPOUSE	<input checked="" type="checkbox"/>

Previous | Next

Benefit	Estimated Monthly Premium Cost*		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Current month's payroll deductions go towards premium payments for the following month's coverage.

*Estimated Monthly Premium Cost shown is based on the Contribution Schedule elected by your employer. Please confirm with your employer the exact employee portion of the monthly premium.

Select the dependents to be added to Medical Coverage. Proof of other coverage is required if you are excluding a dependent from coverage.

Click **Next** to proceed.

Note:
"Example only, rates will vary for each employee based on the selections made"

Step
17

Dental Coverage screen will appear.


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_NewHire

BENA; JAKE

Employee New Hire – Dental Coverage – Screen 4 of 10

Check the "Dental" box next to each family member that you want this coverage for.

Carrier: ▼

Plan: ▼

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Dental
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF	<input type="checkbox"/>
BENA	HONEY			088-81-1211	07/07/1980	FEMALE	SPOUSE	<input type="checkbox"/>

Previous
Next

Estimated Monthly Premium Cost*


Benefit	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Current month's payroll deductions go towards premium payments for the following month's coverage.

*Estimated Monthly Premium Cost shown is based on the Contribution Schedule elected by your employer. Please confirm with your employer the exact employee portion of the monthly premium.

[Access to all NMPSIA Benefit Plan Information](#)

Note:
"Example only, rates will vary for each employee based on the selections made"




Step
18

Choosing a Carrier for Dental

Use the drop-down menu to select the Carrier or Decline coverage.

Note: the carrier of choice will be automatically applied to all family members.

Note:
"Example only, rates will vary for each employee based on the selections made"



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_NewHire

BENA; JAKE

Employee New Hire – Dental Coverage – Screen 4 of 10

Check the "Dental" box next to each family member that you want this coverage for.

Carrier: **DECLINED** (dropdown menu open showing Delta Dental, United Concordia Dental, and DECLINED)

Last	First	Sfx	SSN	Date of Birth	Gender	Relationship	Dental
BENA	JAKE		088-88-3096	01/01/1999	MALE	SELF	<input type="checkbox"/>
BENA	HONEY		088-81-1211	07/07/1980	FEMALE	SPOUSE	<input type="checkbox"/>

Previous **Next**

Benefit	Estimated Monthly Premium Cost*		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Current month's payroll deductions go towards premium payments for the following month's coverage.

*Estimated Monthly Premium Cost shown is based on the Contribution Schedule elected by your employer. Please confirm with your employer the exact employee portion of the monthly premium.

[Access to all NMPSIA Benefit Plan Information](#)

When finished, click **NEXT**.

**Step
19**

Choosing a Plan

Select the
Plan option



**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_NewHire

BENA; JAKE

Employee New Hire – Dental Coverage – Screen 4 of 10

Check the "Dental" box next to each family member that you want this coverage for.

Carrier: United Concordia [v]
Plan: High [v]

Last	First	Sfx	SSN	Date of Birth	Gender	Relationship	Dental
BENA	JAKE		088-88-3096	01/01/1999	MALE	SELF	<input checked="" type="checkbox"/>
BENA	HONEY		088-81-1211	07/07/1980	FEMALE	SPOUSE	<input checked="" type="checkbox"/>

Previous **Next**

Benefit	Estimated Monthly Premium Cost*		Total Monthly Premium
	Employee Portion	Employer Portion	
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Current month's payroll deductions go towards premium payments for the following month's coverage.

*Estimated Monthly Premium Cost shown is based on the Contribution Schedule elected by your employer. *Please confirm with your employer the exact employee portion of the monthly premium.*

[Access to all NMPSIA Benefit Plan Information](#)

Select the dependents to be added to Dental Coverage. Proof of other coverage is required if you are excluding a dependent from coverage.

Click **Next** to proceed.

Note:
"Example only, rates will vary for each employee based on the selections made"

Step
20

Vision Coverage Screen will appear



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_NewHire

BENA; JAKE

Employee New Hire – Vision Coverage – Screen 5 of 10

Check the "Vision" box next to each family member that you want this coverage for.

Carrier: DECLINED ▼

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Vision
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF	<input type="checkbox"/>
BENA	HONEY			088-81-1211	07/07/1980	FEMALE	SPOUSE	<input type="checkbox"/>

Previous
Next

Benefit	Estimated Monthly Premium Cost*		
	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Current month's payroll deductions go towards premium payments for the following month's coverage.

*Estimated Monthly Premium Cost shown is based on the Contribution Schedule elected by your employer. Please confirm with your employer the exact employee portion of the monthly premium.

[Vision benefits](#)

[Premium rates](#)

Note:
"Example only, rates will vary for each employee based on the selections made"

Step
21

Selecting a Vision Carrier

Use the drop-down menu to select the Carrier or Decline 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_NewHire

BENA; JAKE

Employee New Hire – Vision Coverage – Screen 5 of 10

Check the "Vision" box next to each family member that you want this coverage for.

Carrier:

Last	Sfx	SSN	Date of Birth	Gender	Relationship	Vision
BENA		088-88-3096	01/01/1999	MALE	SELF	<input checked="" type="checkbox"/>
BENA HONEY		088-81-1211	07/07/1980	FEMALE	SPOUSE	<input checked="" type="checkbox"/>

Previous **Next**

Benefit	Estimated Monthly Premium Cost*		Total Monthly Premium
	Employee Portion	Employer Portion	
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Current month's payroll deductions go towards premium payments for the following month's coverage.

*Estimated Monthly Premium Cost shown is based on the Contribution Schedule elected by your employer. Please confirm with your employer the exact employee portion of the monthly premium.

Vision benefits
Premium rates

Note:

"Example only, rates will vary for each employee based on the selections made"

Select the dependents to be added to Vision Coverage. Proof of other coverage is required if you are excluding a dependent from coverage.

Click **NEXT** to proceed.

Choosing Life Benefits

Step
22

If your school/entity offers Long Term Disability and Additional Life Insurance this screen will appear and allow you to add 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_NewHire

BENA; JAKE

Employee New Hire – Life Insurance (The Standard) – Screen 6 of 10

Check desired options appearing next to each benefit.

BASIC LIFE -- The Standard	<input checked="" type="checkbox"/> (\$25,000.00, 100% employer paid)			
Employer paid Basic Life Insurance coverage is available to all eligible employees.				
ADDITIONAL LIFE -- The Standard	<input type="radio"/> 1X Base Salary	<input type="radio"/> 2X Base Salary	<input type="radio"/> 3X Base Salary	<input type="radio"/> Declined
(face value, employee paid monthly premium)	(\$50,000.00, \$3.00/month)	(\$100,000.00, \$6.00/month)	(\$150,000.00, \$9.00/month)	
DEPENDENT LIFE -- The Standard	<input type="radio"/> Spouse Life ½X :(\$25,000.00, \$2.00/month)			<input checked="" type="radio"/> Declined
(face value, employee paid monthly premium)	<input type="radio"/> Child(ren) Life (\$5,000.00, \$0.26/month)			<input checked="" type="radio"/> Declined
Long Term disability -- The Standard	<input type="radio"/>			<input checked="" type="radio"/> Declined

Previous Next

Estimated Monthly Premium Cost*

Benefit	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$0.00	\$0.00	\$0.00
Spouse Life	\$0.00	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$2.64	\$2.64

Note:
“Example only, rates will vary for each employee based on the selections made”

**Step
23**

**Basic Life will auto-populate.
Select Additional Life, Dependent Life or
Long-Term Disability. 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_NewHire

BENA; JAKE

Employee New Hire – Life Insurance (The Standard) – Screen 6 of 10
Check desired options appearing next to each benefit.


BASIC LIFE -- The Standard	<input checked="" type="checkbox"/>	(\$25,000.00, 100% employer paid)
Employer paid Basic Life Insurance coverage is available to all eligible employees.		
ADDITIONAL LIFE -- The Standard (face value, employee paid monthly premium)	<input checked="" type="radio"/> 1X Base Salary (\$50,000.00, \$3.00/month)	<input type="radio"/> 2X Base Salary (\$100,000.00, \$6.00/month)
	<input type="radio"/> 3X Base Salary (\$150,000.00, \$9.00/month)	<input type="radio"/> Declined
DEPENDENT LIFE -- The Standard (face value, employee paid monthly premium)	<input checked="" type="radio"/> Spouse Life 1/2X :(\$25,000.00, \$2.00/month)	<input type="radio"/> Declined
	<input type="radio"/> Child(ren) Life (\$5,000.00, \$0.26/month)	<input checked="" type="radio"/> Declined
Long Term disability -- The Standard	<input checked="" type="radio"/>	<input type="radio"/> Declined

Previous Next

Estimated Monthly Premium Cost*

Benefit	Employee Portion	Employer Portion	Total Monthly Premium
Medical	\$0.00	\$0.00	\$0.00
Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00
Basic Life	\$0.00	\$2.64	\$2.64
Additional Life	\$3.00	\$0.00	\$3.00
Spouse Life	\$2.00	\$0.00	\$2.00
Dependent Life	\$0.00	\$0.00	\$0.00
Long Term Disability	\$9.66	\$14.50	\$24.16
Total:	\$14.66	\$17.14	\$31.80

Note:
“Example only, rates will vary for each employee based on the selections made”



Benefit Review

Click on **125 Cafeteria Plan**,
read the notice and **Click OK**.

Review all your information and **Click Next**.

Step
24



**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_NewHire

BENA; JAKE

Employee New Hire – Benefit Review – Screen 7 of 10

You have elected the benefits and coverages shown below. Click "Previous" to change any information or "Next" to continue with your online enrollment.

Benefit	Medical	Dental	Vision	Basic Life	Additional Life	Spouse Life	Dependent Life	Long Term Disability
	Blue Cross Blue ShieldEPO	UCDHigh	DV	Yes	1X Base Salary	Yes	Declined	Yes

Coverage

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Life
BENA	JAKE							Yes	Yes	Yes	Yes
BENA	HONEY							Yes	Yes	Yes	Yes

125 Cafeteria Plan

Section 125 Cafeteria contact CHRISTINE GA

Section 125 Cafeteria Plan Participation. A decision to participate in your employer's Section 125 Cafeteria Plan is irrevocable for the plan year unless you experience an eligible change in status event. Please contact CHRISTINE GARCIA at (505)438-4056 or CHRISTINE.GARCIA@ATCSCHOOL.ORG within 5 business days to complete Section 125 Cafeteria Plan participation documents.

Benefits Program. Please program.

Previous | Next | OK | Cancel

Verify all information, if you need to make any changes click "previous" or "Next" to continue enrollment.

Step
25

Upload Dependent Supporting Documents Screen

This screen will allow you to upload Marriage certificate, birth certificate's, proof of other coverage etc.



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_NewHire

BENA; JAKE

Employee New Hire – Upload Dependent Supporting Documentation – Screen 8 of 10

Provide the requested document type for each dependent listed below by selecting **Upload**.

Choose **Upload Document** only if you would like to provide supplemental information in addition to the documents being requested.

When prompted to **Upload Document**, enter the type of document you are providing and which family member the document is for. Click Upload in the Upload Document window to continue.

If you do not have a scanner, scanned copies of the documents being requested, or are having difficulty with this request, contact your Benefits Representative CHRISTINE GARCIA at (505)438-4056 or by e-mail at CHRISTINE.GARCIA@ATCSCHOOL.ORG.

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	Upload
BENA	HONEY			088-81-1211	07/07/1980	F	SPOUSE	Marriage Certificate	Upload

Upload Document

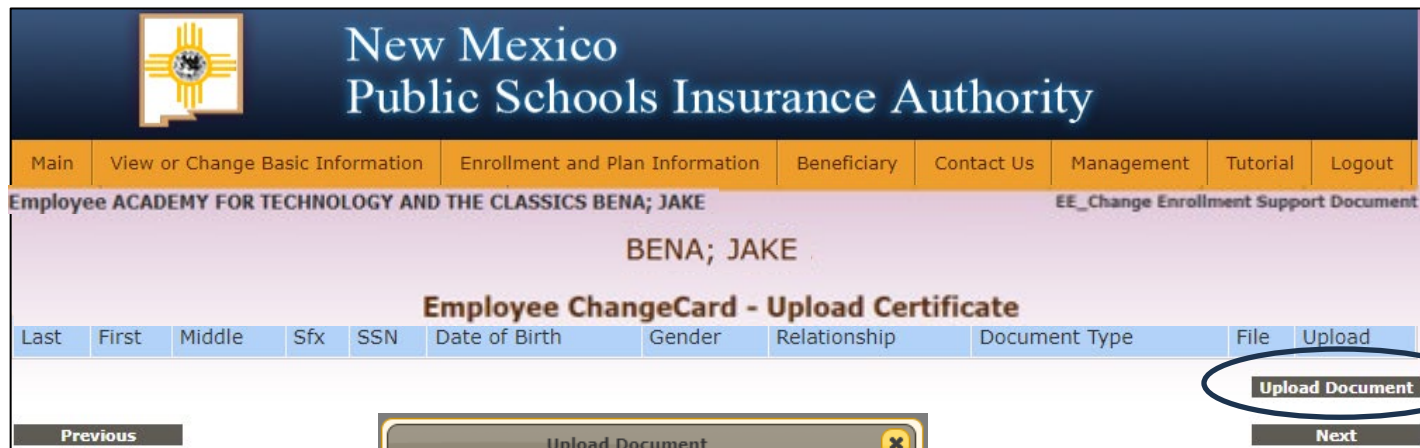
Previous **Next**

Step
26

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

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

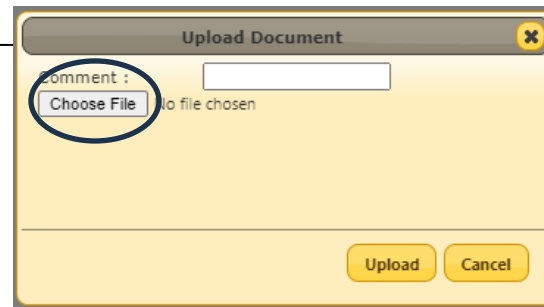
BENA; JAKE

Employee ChangeCard - Upload Certificate

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	File	Upload
------	-------	--------	-----	-----	---------------	--------	--------------	---------------	------	--------

Upload Document

Previous Next



Upload Document

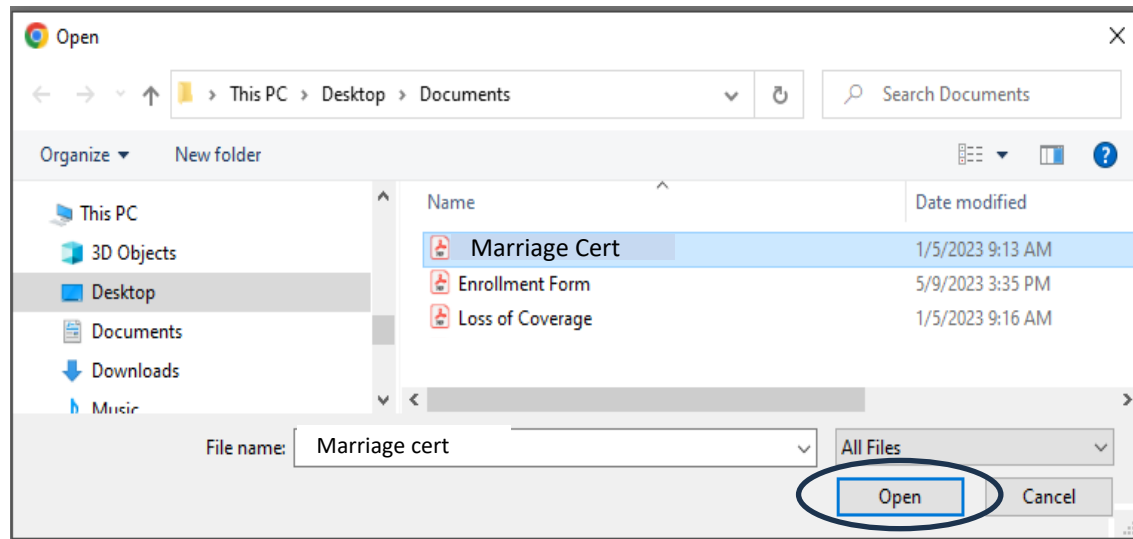
Comment :

Choose File No file chosen

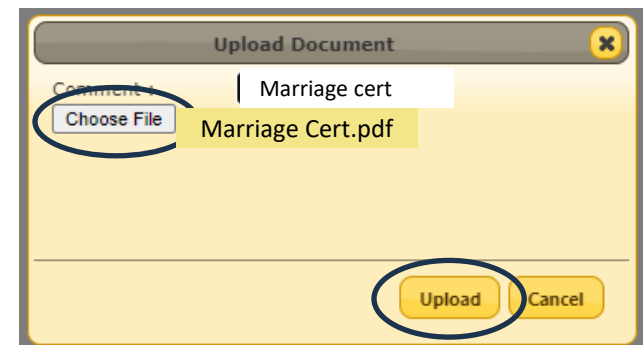
Upload Cancel

Step
27

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.
Type the name of your document and click **“Upload”**.



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



Step
28

Your document will show that it was uploaded under:
“File”. 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_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	Honey			666-66-6666	09/29/1980	M	SELF	Marriage Cert	Marriage Cert.pdf	Upload

Previous Upload Document Next

Step
29

Beneficiary Assignment Screen

To add a beneficiary, click on **Add**.


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_NewHire

BENA; JAKE

Employee New Hire – Beneficiary Assignment– Screen 9 of 10

Enter beneficiary information below. Percentages for Basic Life and Additional Life primary beneficiaries and secondary beneficiaries should add up to 100%.

Primary Beneficiary In the event of your death, Primary Beneficiary or Beneficiaries will receive any death benefits that are payable.

Name	DOB	Relationship	Address	City	State	Zip	County	Basic Life %	Additional Life %	Edit Line	Delete Line

Secondary Beneficiary Benefits will only be payable to Secondary Beneficiary or Beneficiaries if there are no surviving Primary Beneficiaries.

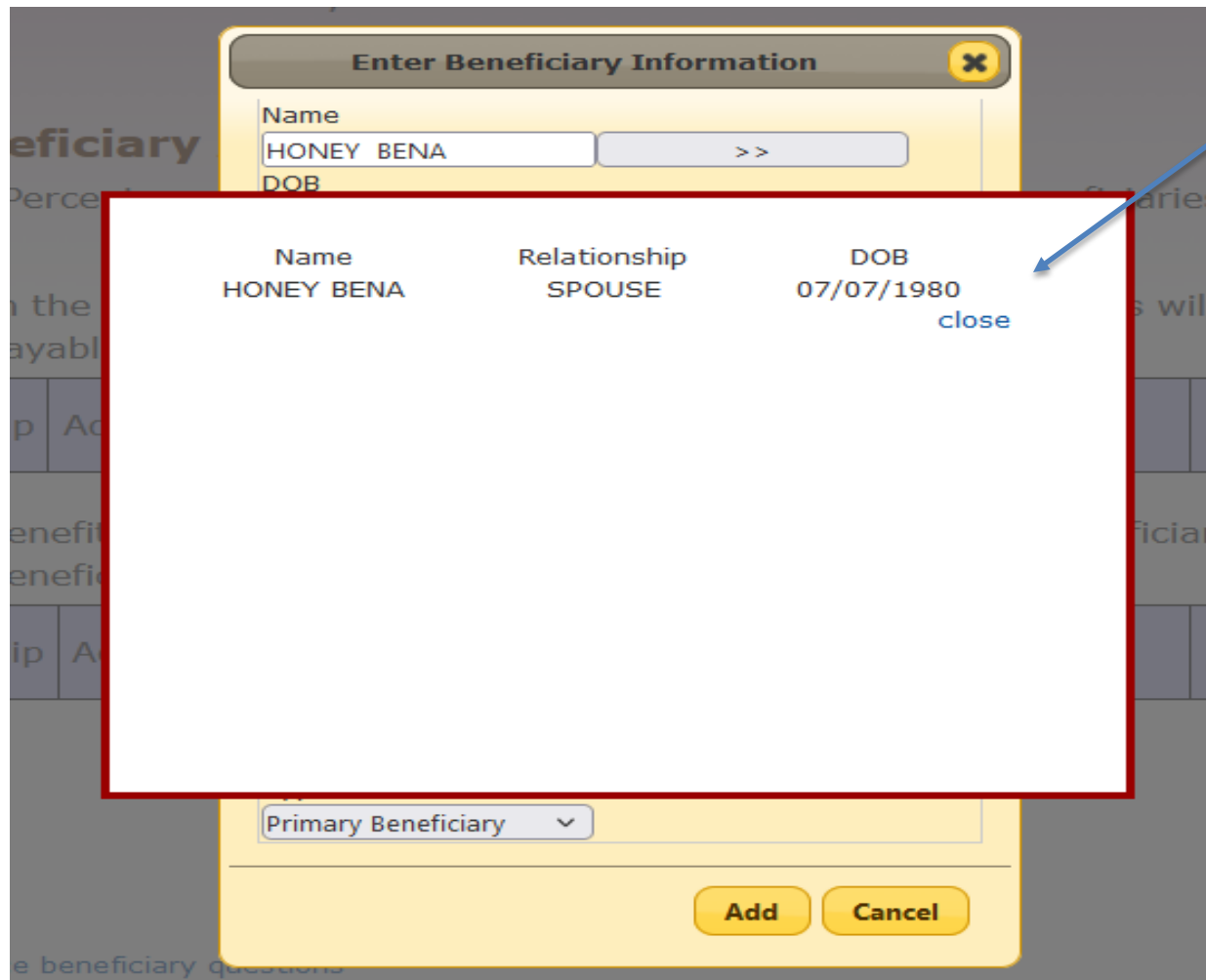
Name	DOB	Relationship	Address	City	State	Zip	County	Basic Life %	Additional Life %	Edit Line	Delete Line

Previous
Add
Next

Basic Life Insurance and Additional Life Insurance beneficiary questions

Step
30

If you are adding your spouse as beneficiary the information will auto-populate.



The screenshot shows a web form titled "Enter Beneficiary Information" with a close button (X) in the top right corner. The form contains input fields for "Name" (filled with "HONEY BENA") and "DOB". Below these fields is a table with the following data:

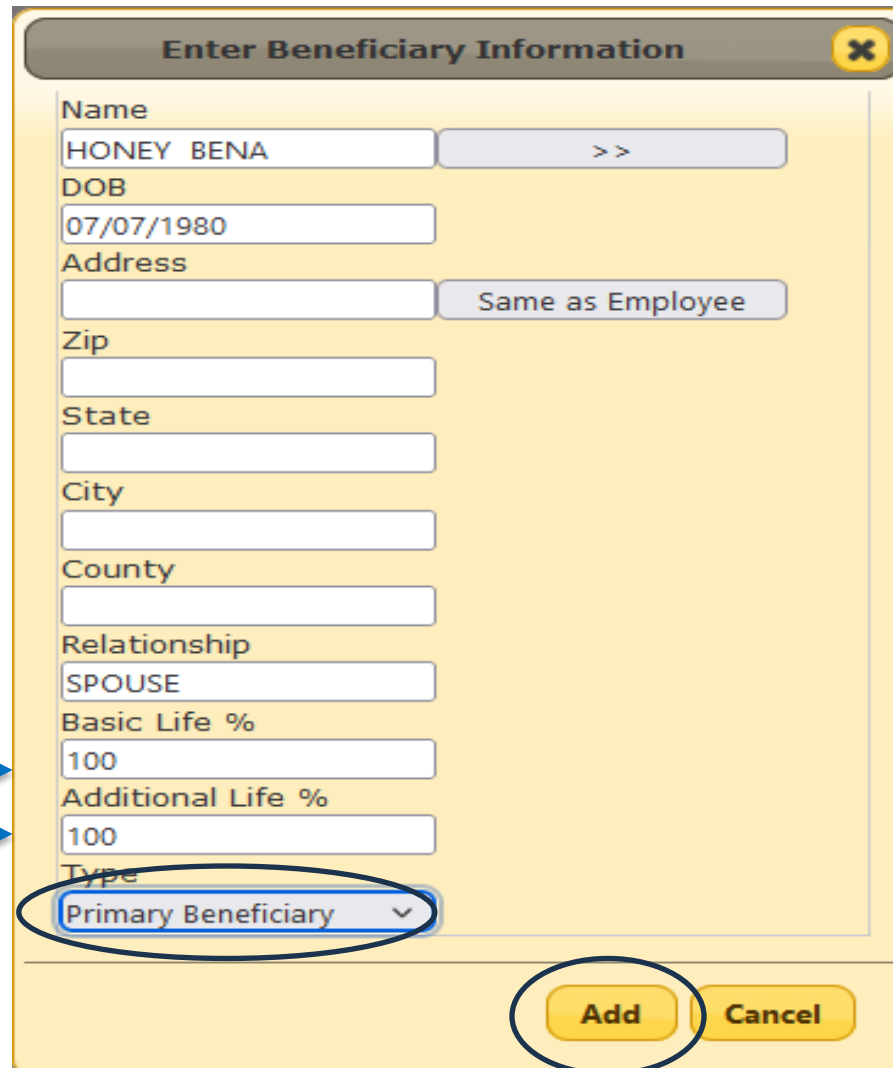
Name	Relationship	DOB
HONEY BENA	SPOUSE	07/07/1980

A blue arrow points to the "close" link located below the table. At the bottom of the form, there is a dropdown menu set to "Primary Beneficiary" and two buttons: "Add" and "Cancel".

Step
31

Type your beneficiary information or if you want to leave it as what auto populated, you can. Make sure you select Primary or Secondary click **Add**.

Verify beneficiary information and make sure the basic life and additional life add up to 100%.



Enter Beneficiary Information

Name
HONEY BENA >>

DOB
07/07/1980

Address
Same as Employee

Zip

State

City

County

Relationship
SPOUSE

Basic Life %
100


Additional Life %
100

Type
Primary Beneficiary

Add Cancel

Step
32

Review that all information is correct, then 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_NewHire

BENA; JAKE

Employee New Hire – Beneficiary Assignment– Screen 9 of 10

Enter beneficiary information below. Percentages for Basic Life and Additional Life primary beneficiaries and secondary beneficiaries should add up to 100%.

Primary Beneficiary In the event of your death, Primary Beneficiary or Beneficiaries will receive any death benefits that are payable.

Name	DOB	Relationship	Address	City	State	Zip	County	Basic Life %	Additional Life %	Edit Line	Delete Line
HONEY BENA	07/07/1980	SPOUSE						100 %	100 %	Edit	Delete

Secondary Beneficiary Benefits will only be payable to Secondary Beneficiary or Beneficiaries if there are no surviving Primary Beneficiaries.


Name	DOB	Relationship	Address	City	State	Zip	County	Basic Life %	Additional Life %	Edit Line	Delete Line

Previous

Add
Next

Step
33

Review all coverage, dependent, and beneficiary assignment information is correct.


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_NewHire

BENA; JAKE

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

This preview was generated for the following reason:
Your online enrollment request has been submitted for review. Coverage is scheduled to be effective 09/01/2024

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date	09/01/2024	09/01/2024	09/01/2024	09/01/2024	09/01/2024	09/01/2024	Declined	08/01/2024
Carrier	Blue Cross Blue Shield-EPO	UCD-High	DV	30D	1X Base Salary	Yes	Declined	25K
Coverage	Employee and Spouse/ Domestic Partner	Employee and Spouse/ Domestic Partner	Employee and Spouse/ Domestic Partner					

Variable hour employee eligible for medical coverage only: No

Information regarding you and your family as of 09/01/2024:

Name	Relationship	SS#	Gender	Birth Date	Eligible until	Medical	Dental	Vision	Life	Pending
JAKE BENA	SELF	088-88-3096	MALE	01/01/1999		Yes	Yes	Yes	Yes	
HONEY BENA	SPOUSE	088-81-1211	FEMALE	07/07/1980		Yes	Yes	Yes	Yes	Pending

Beneficiary Assignment

For multiple beneficiaries, distribution MUST equal 100% for each benefit.

Primary Beneficiary

Name	Date of Birth	Relationship	Address	Basic Life %	Additional Life %
HONEY BENA	07/07/1980	SPOUSE		100.0000 %	100.0000 %

Secondary Beneficiary

Name	Date of Birth	Relationship	Address	Basic Life %	Additional Life %
------	---------------	--------------	---------	--------------	-------------------

Step
34

Click on **Accept**, enter your **social security number** and the **date**, click **Finish**.

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 here by 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:

Employee Name:
Must be entered as JAKE BENA

Date:
(mm/dd/yyyy)

Previous

Sign date must be today.
Invalid Sign Name, please check.
Please check the accept box.
Invalid SS Number, please check.

Finish

**Your request has now been submitted
to your employer for approval.**



The screenshot displays the user interface of the New Mexico Public Schools Insurance Authority's online benefit system. At the top, there is a dark blue header with the organization's logo and name. Below this is a navigation menu with orange buttons for 'Main', 'View or Change Basic Information', 'Enrollment and Plan Information', 'Beneficiary', 'Contact Us', 'Management', 'Tutorial', and 'Logout'. The main content area is light purple and shows the following information:

Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE EE_NewHire

BENA; JAKE

New Hire

New hire 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.

**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.**