

Employee Online System Tutorial

Open Enrollment (Add Dependent)

IMPORTANT!

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

- 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 time when you are allowed to elect Medical, Dental or Vision coverage.

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

Step
1

Go to NMPSIA website <https://nmpsia.com/>

All Employees will have access to the Online System

The screenshot shows the homepage of the New Mexico Public Schools Insurance Authority. At the top left is the logo. The top navigation bar includes links for 'About', 'Contact', 'Board Login', 'Transparency Rule - MRF', and a search bar. Below this is a secondary navigation bar with 'NMPSIA' and 'EMPI' dropdowns, and links for 'Risk Division', 'Behavioral Health', 'NMPSIA Procurements', and 'IPRA Request'. A banner below the navigation reads 'Welcome to the New Mexico Public Schools Insurance Authority'. Below the banner is a dark blue header with the organization's logo and name. Underneath, there is a 'Sign In...' section with three buttons: 'Employee Login' (circled in green), 'Employer Login', and 'Manager Login'. The 'Employee Login' button also has the text 'You are an Employee.' below it.

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

Step
2

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.

Accept

Step
3

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

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

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
4

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

The screenshot shows the website header for the 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 main content area is titled "Personal setting" and contains the following text: "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." Below this text are three input fields: "Email or User Name:", "Password:", and "Confirm Password:". At the bottom of the form are two buttons: "Maybe Later" and "Submit". Both buttons are circled in green in the original image.

Step
5

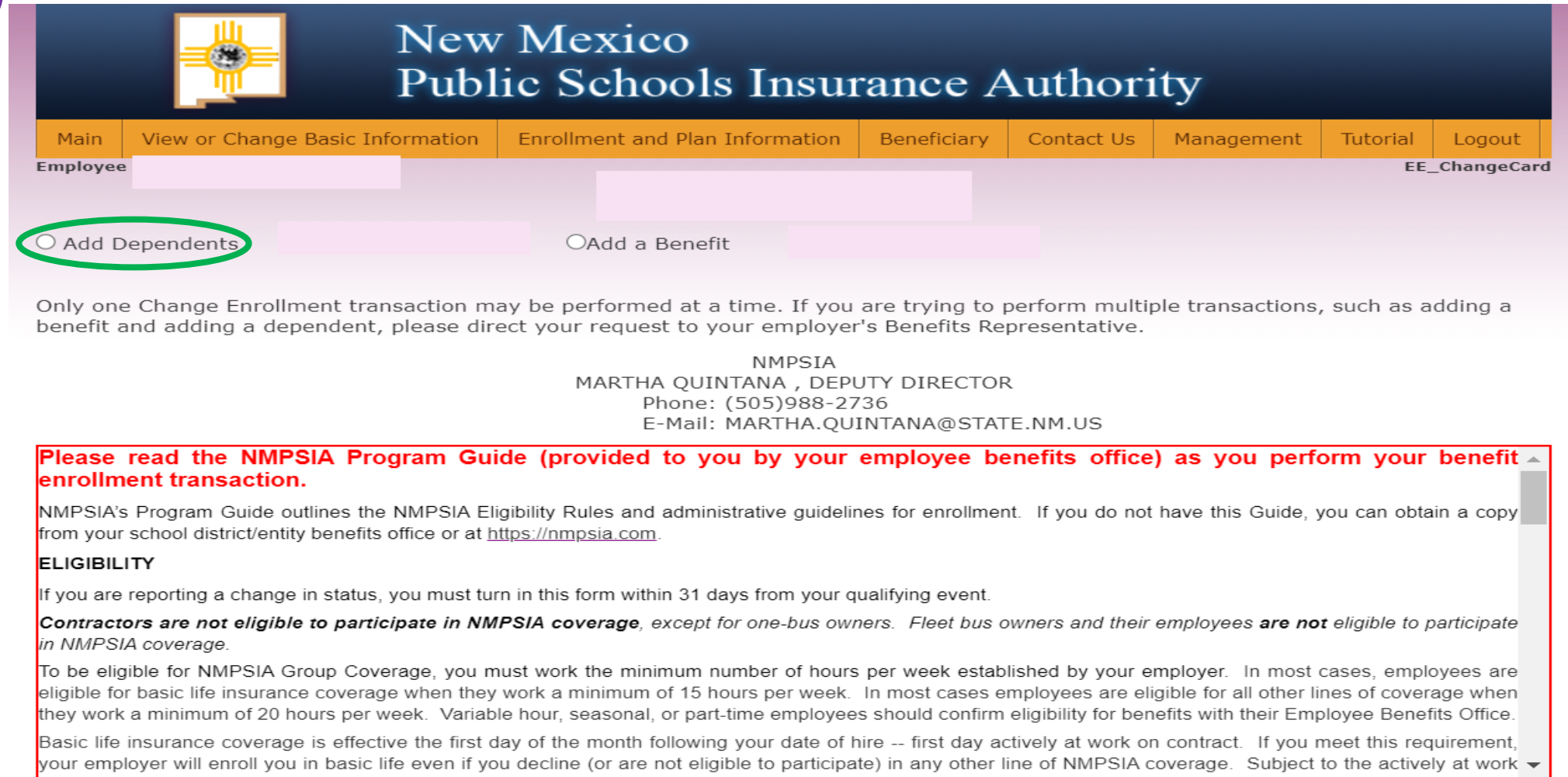
Under **Enrollment and Plan Information**, click on Open/Switch Enrollment.



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** (highlighted with a green border), Beneficiary, Contact Us, Management, Tutorial, and Logout. The dropdown menu for 'Enrollment and Plan Information' is open, listing: View, NMPSIA Benefit Plan Information, New Hire, Change Enrollment, Change Beneficiary, **Open/Switch Enrollment** (circled in green), and Enrollment Notice. Below the menu, a message reads: 'Please select one of the menu bar above to perform an action.' At the bottom of the screenshot, a notice states: '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
6

Select **add dependents**, read and scroll-down, click **accept** for NMPSIA's Rules and guidelines and click **next**



The screenshot shows the NMPSIA website interface. At the top, there is a navigation bar with the following links: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. Below the navigation bar, there are two radio button options: Add Dependents and Add a Benefit. The 'Add Dependents' option is circled in green. Below the options, there is a paragraph of text: "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." Below this text, there is contact information for NMPSIA: "NMPSIA, MARTHA QUINTANA, DEPUTY DIRECTOR, Phone: (505)988-2736, E-Mail: MARTHA.QUINTANA@STATE.NM.US". At the bottom of the screenshot, there is a red-bordered box containing a warning: "Please read the NMPSIA Program Guide (provided to you by your employee benefits office) as you perform your benefit enrollment transaction." Below the warning, there is a section titled "ELIGIBILITY" with the following text: "If you are reporting a change in status, you must turn in this form within 31 days from your qualifying event. Contractors are not eligible to participate in NMPSIA coverage, except for one-bus owners. Fleet bus owners and their employees are not eligible to participate in NMPSIA coverage. To be eligible for NMPSIA Group Coverage, you must work the minimum number of hours per week established by your employer. In most cases, employees are eligible for basic life insurance coverage when they work a minimum of 15 hours per week. In most cases employees are eligible for all other lines of coverage when they work a minimum of 20 hours per week. Variable hour, seasonal, or part-time employees should confirm eligibility for benefits with their Employee Benefits Office. Basic life insurance coverage is effective the first day of the month following your date of hire -- first day actively at work on contract. If you meet this requirement, your employer will enroll you in basic life even if you decline (or are not eligible to participate) in any other line of NMPSIA coverage. Subject to the actively at work". At the bottom right of the red-bordered box, there is a "Next" button circled in green.

Step
7

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 SPRINGER MUNICIPAL SCHOOLS DOWN; NEIL EE_ChangeCard

DOWN; NEIL
Change Enrollment

Social Security No.		Last Name		First Name		Middle Name		Suffix					
666-66-6666		DOWN		NEIL									
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	Email		Preferred Contact					
09/29/1980	N	M	(123)456-7891			NEILD1234@HOTMAIL.COM		5					
Mailing address(Box#or Street Address)				Zip	City		State	County					
123 THIS STREET				99999	THAT CITY		NM	WHEREVER					
Employer(District or Entity Name)		Job Title		Date of Hire	Base Annual Salary		No.of Hours Contracted Per Week						
SPRINGER MUNICIPAL SCHOOLS		COUNSELOR		07/10/2023	\$80,000.00		40.00						
Medical:		Presbyterian		Plan:		High							
Dental:		Delta Dental		Plan:		High							
Vision:		DV											
Basic Life Insurance:		Standard		Elected		\$0.00							
Additional Life Insurance:		Standard		Elected		2X Base Salary							
Spouse Life Insurance:		Standard		Elected		\$0.00							
Dependent Life Insurance:		Standard		Not Elected		\$0.00							
Long Term Disability:		Standard		Elected		30D							
Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status
DOWN	NEIL			666-66-6666	09/29/1980	MALE	SELF	Y	Y	Y			
							SPOUSE	Y	Y	Y			

Add Dependent (circled in green)

Effective Date:01/01/2024

Previous **Next**



Step
8

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”**.

Last Name
DOWN

First Name
LEIGH

Middle Name
A

Suffix

SSN
000-00-0000

Date of Birth
(mm/dd/yyyy)
10/10/2010

Gender
Female

Relationship
DAUGHTER

Medical

Dental

Vision

Life

Event Date
01/01/2024

Reason
Other

Reason Note
OPEN ENROLLMENT

If new dependent is being added because of Birth, Adoption Guardianship, or Court Order, enter the child's date of birth, adoption, guardianship, or court order as the **Event Date** and the first of the following month as the **Effective Date**.

Add Dependent Cancel

Step 9

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

Employee SPRINGER MUNICIPAL SCHOOLS DOWN; NEIL

DOWN; NEIL

Change Enrollment

Social Security No.	Last Name	First Name	Middle Name	Suffix			
666-66-6666	DOWN	NEIL					
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMail	Preferred Contact
09/29/1980	N	M	(123)456-7891			NEILD1234@HOTFAIL.COM	5
Mailing address(Box#or Street Address)			Zip	City	State	County	
123 THIS STREET			99999	THAT CITY	NM	WHEREVER	
Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week			
SPRINGER MUNICIPAL SCHOOLS	CPOUNSELOR	07/10/2023	\$80,000.00	40.00			
Medical:	Blue Cross Blue Shield	Plan:	High				
Dental:	Delta Dental	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				

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status
DOWN	NEIL			666-66-6666	09/29/1980	MALE	SELF						
DOWN	LEIGH	A		555-44-1250	10/10/2010	FEMALE	DAUGHTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other	10/03/2023	Added

Effective Date: 01/01/2024

Buttons: Add Dependent, Previous, Next, Cancel Add

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 ?



Step 10

Note:

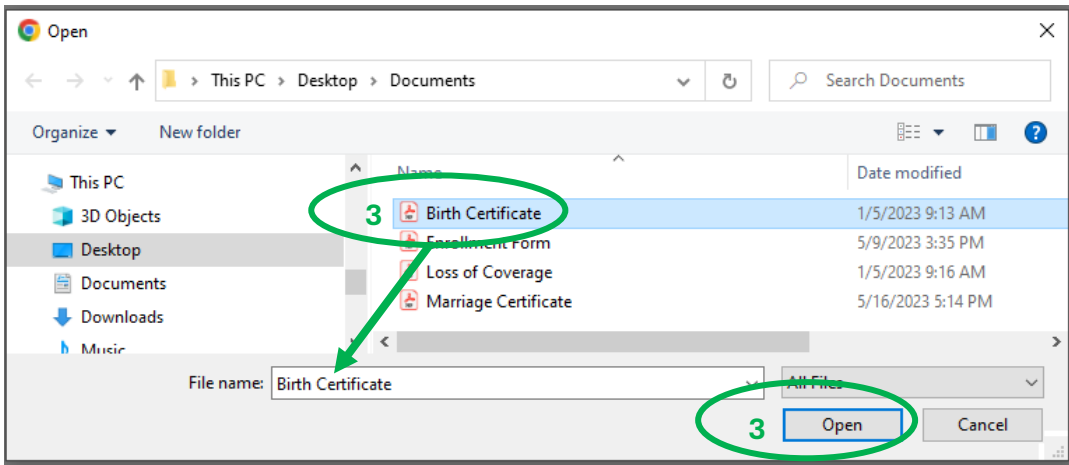
- A copy of a Marriage Certificate (not Marriage License) or Schedule C validated by your employer is required to add a spouse.
- A copy of a Birth Certificate or Schedule B validated by your employer is required to add children. These documents must be scanned and saved for upload.
- These documents are required before any of your dependents will be added to coverage.

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

The screenshot shows the New Mexico Public Schools Insurance Authority website. The page title is "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, Logout. The user is logged in as "Employee SPRINGER MUNICIPAL SCHOOLS DOWN; NEIL" and is viewing "EE_Change Enrollment Support Document". The page displays the name "DOWN; NEIL" and the title "Employee ChangeCard - Upload Certificate". Below this is a table with columns: Last, First, Middle, Sfx, SSN, Date of Birth, Gender, Relationship, Document Type, File, Upload. The "Upload Document" button in the "File" column is circled in green with a "1" next to it. Below the table is a "Previous" button and a "Next" button. An "Upload Document" dialog box is open, showing a "Comment" field, a "Choose File" button (circled in green with a "2" next to it), and "No file chosen" text. At the bottom of the dialog are "Upload" and "Cancel" buttons.

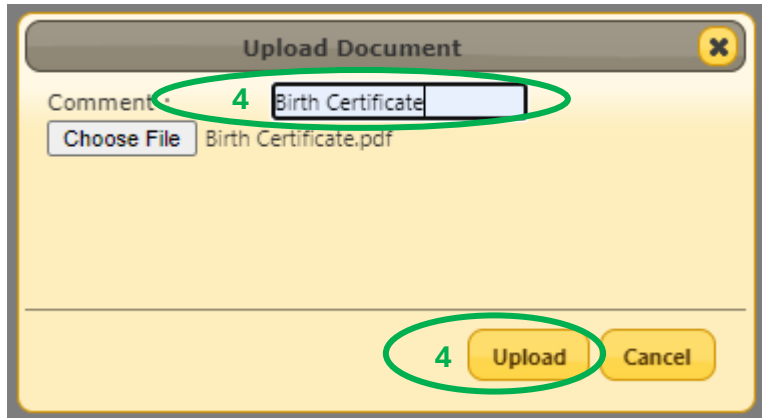
Step 11

A file folder box will open with your documents. **3.** 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”**.



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

- 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.



Step 12

Your document will show that it was uploaded under “File”. 5. 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.

The screenshot shows the New Mexico Public Schools Insurance Authority website. The page title is "Employee ChangeCard - Upload Certificate". The user is identified as "Employee SPRINGER MUNICIPAL SCHOOLS DOWN; NEIL". The page displays a table with the following columns: Last, First, Middle, Sfx, SSN, Date of Birth, Gender, Relationship, Document Type, File, and Upload. The table contains one row of data: DOWN, NEIL, (blank), (blank), 666-66-6666, 09/29/1980, M, SELF, Birth Certificate, Birth Certificate.pdf, and an Upload button. Below the table, there are buttons for "Previous", "Upload Document", and "Next". The "Next" button is circled in green, and a green arrow points to the "File" column header.

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	File	Upload
DOWN	NEIL			666-66-6666	09/29/1980	M	SELF	Birth Certificate	Birth Certificate.pdf	Upload

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”**.

Employee SPRINGER MUNICIPAL SCHOOLS DOWN; NEIL DOWN; NEIL

EE_Change Enrollment View

New Mexico Public Schools Insurance Authority
Preview for Change Enrollment Request
SPRINGER MUNICIPAL SCHOOLS

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 01/01/2024

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date	01/01/2024	01/01/2024	01/01/2024					
Carrier	Blue Cross Blue Shield-High	Delta Dental-High	DV	Declined	Declined	Decline	Decline	50K
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
NEIL DOWN	SELF	666-66-6666	MALE	09/29/1980	Yes	Yes	Yes	No	
LEIGH A DOWN	DAUGHTER	555-44-1230	FEMALE	10/10/2010	Yes	Yes	Yes	No	A

I Represent that I, NEIL DOWN, 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 this box if someone helped you perform this online transaction.

Accept: Employee SSN: 666-66-6666 Employee Name: Neil Down Date: 10/3/2023
Must be entered as NEIL DOWN (mm/dd/yyyy)

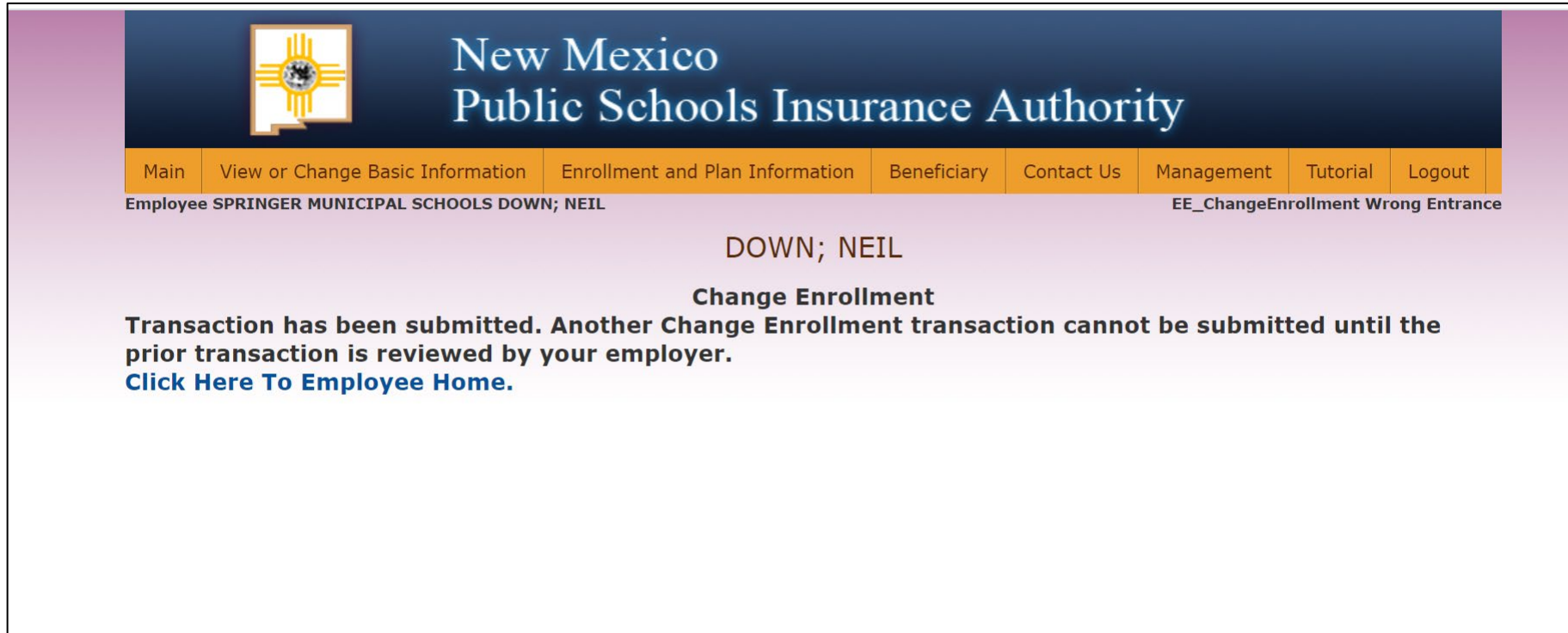
Sign date must be today.

Previous Finish

Step
14

Employee Login - Change Enrollment Submitted

You will see this message after you complete “**Step 12**”. This shows your transaction has been submitted to your Benefits Specialist for approval.



The screenshot shows the New Mexico Public Schools Insurance Authority website. At the top, there is a dark blue header with the organization's logo and name. Below the header 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 displays the following text:

Employee SPRINGER MUNICIPAL SCHOOLS DOWN; NEIL EE_ChangeEnrollment Wrong Entrance

DOWN; NEIL

Change Enrollment

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.](#)

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**