

# Employee Online System Tutorial

## Open Enrollment (Add Coverage)

## **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 and/or Vision coverage .

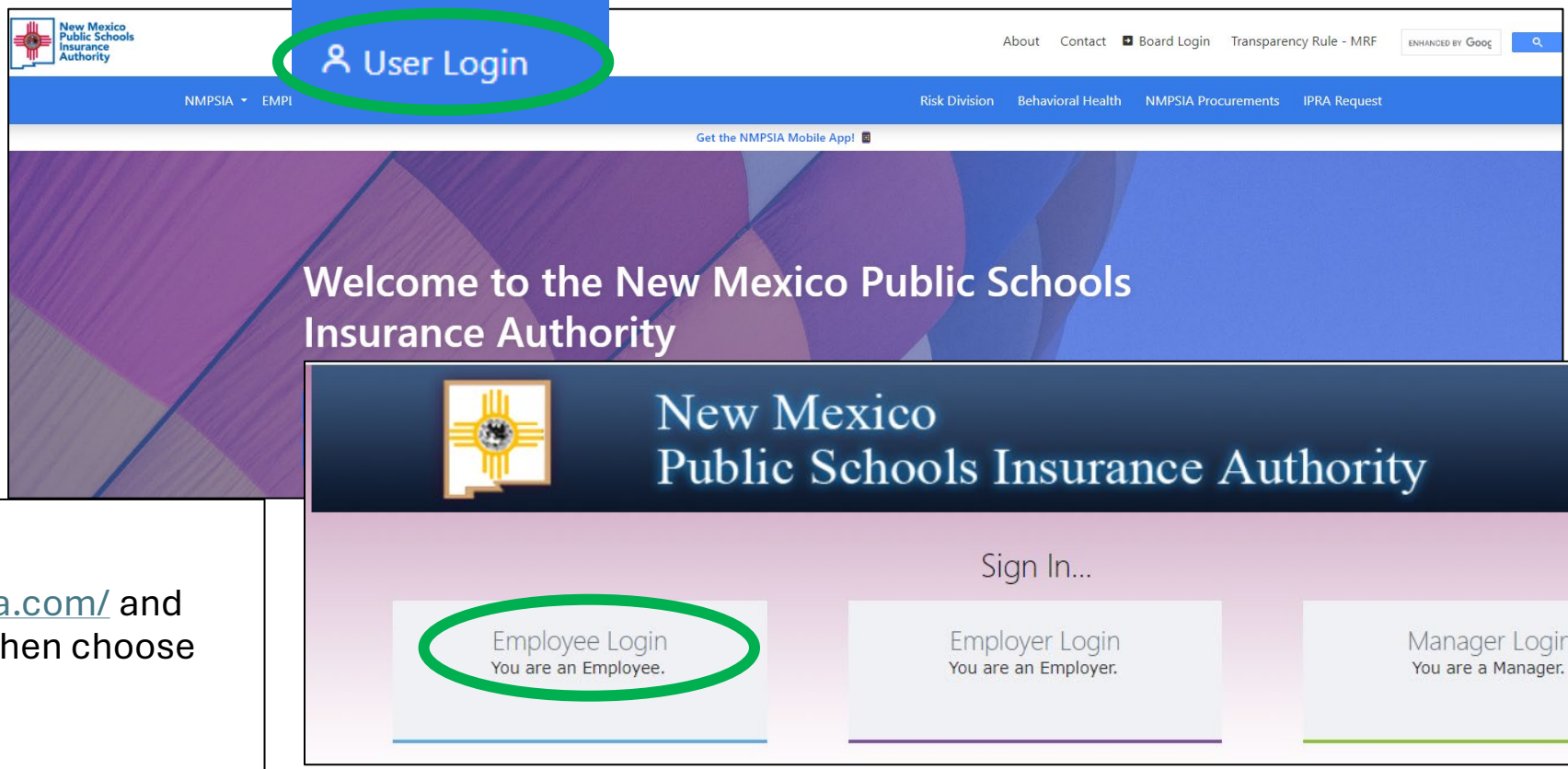
During **Open Enrollment**, an eligible employee may elect to:

- **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



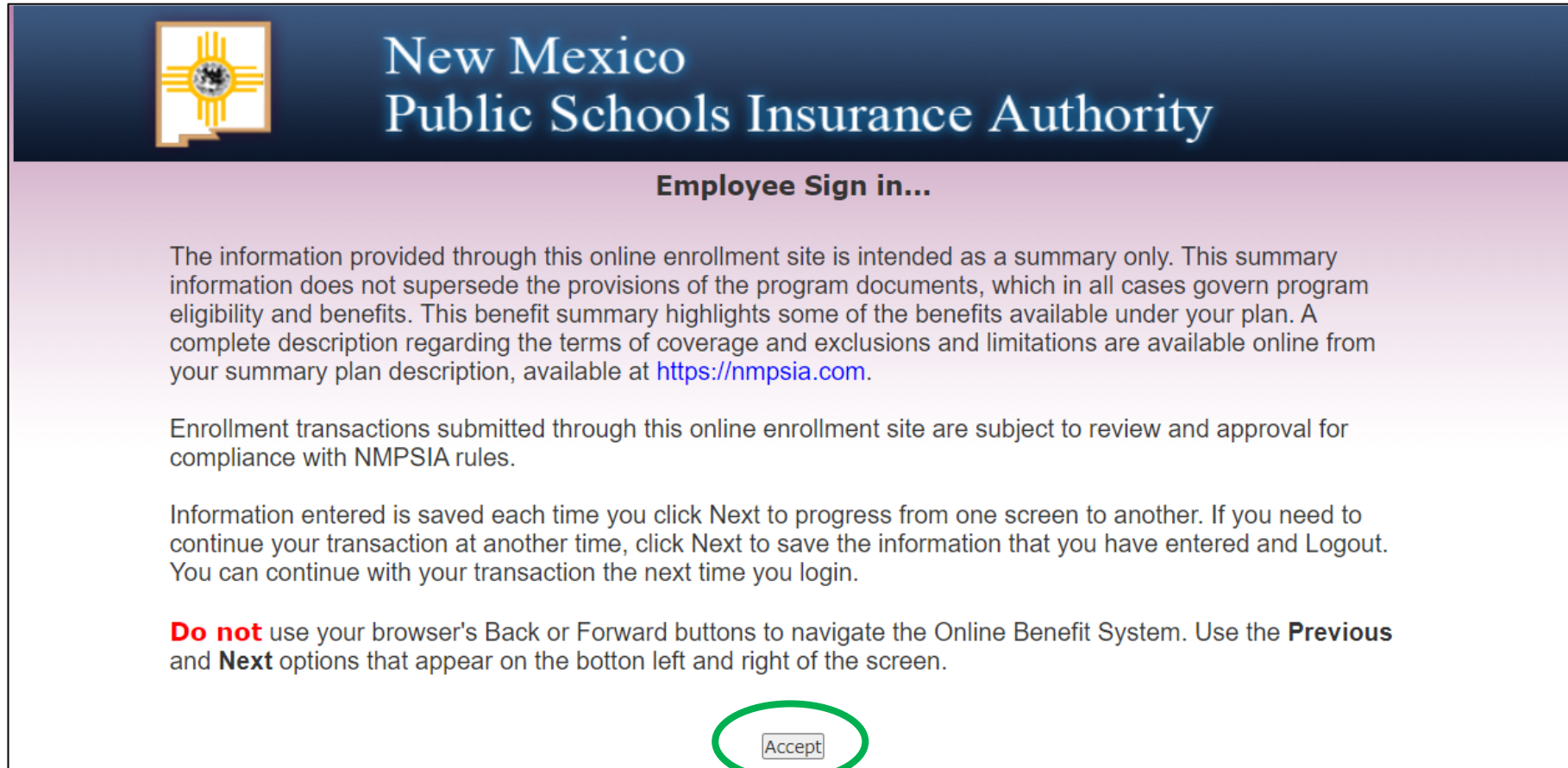
Go to <https://nmpsia.com/> and click on User Login then choose Employee Login.




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 NMPPIA 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:

SSN (Please do not use dashes or spaces):

Date of Birth(MMDDYYYY):



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

### 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

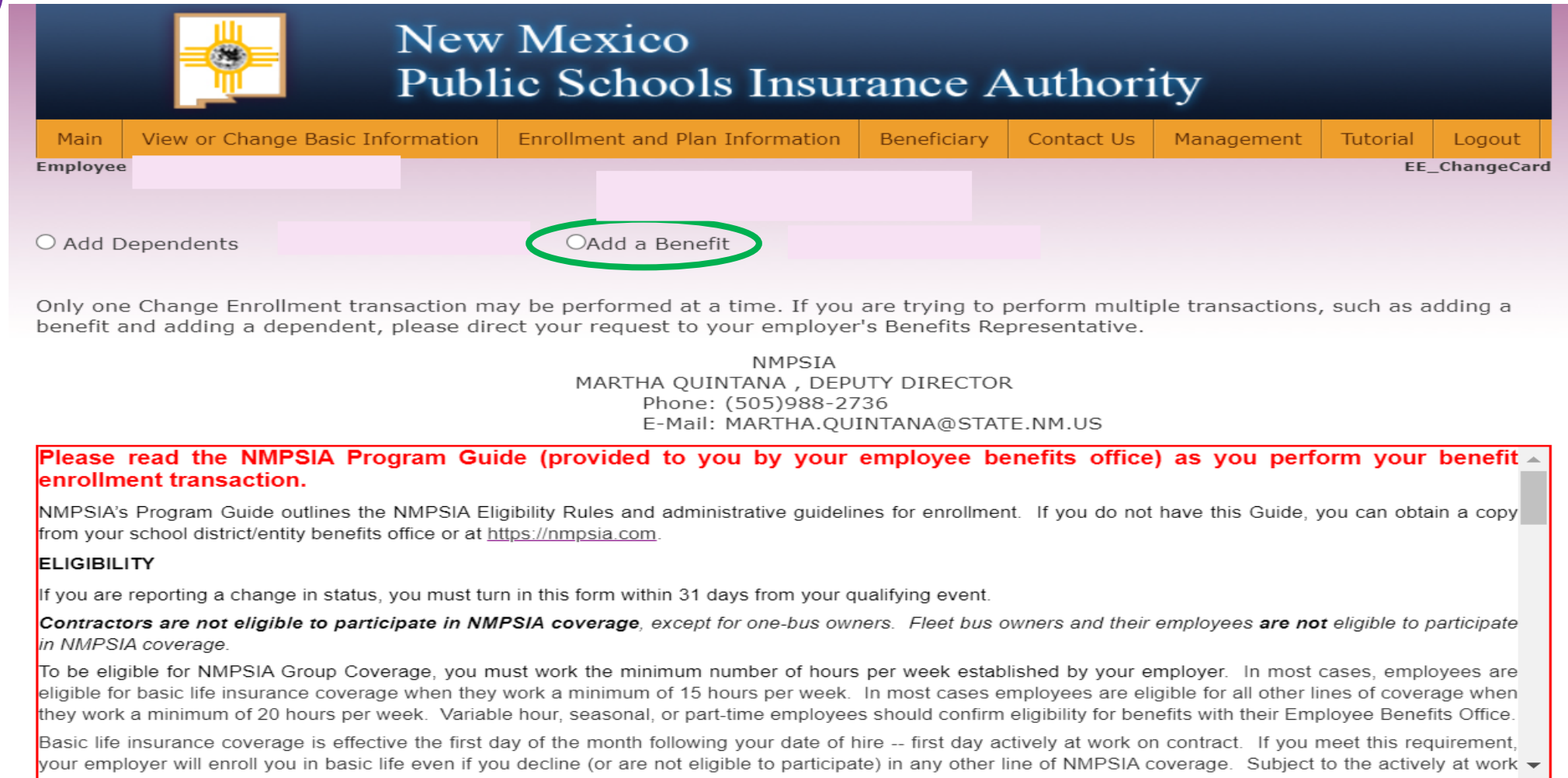
Under **Enrollment and Plan Information**, click on New Hire.



The screenshot shows the New Mexico Public Schools Insurance Authority website. The header includes the organization's logo and name. A navigation bar contains several menu items: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. The 'Enrollment and Plan Information' menu is expanded, 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 of the screenshot, a notice reads: '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 New Mexico Public Schools Insurance Authority website. At the top, there is a navigation bar with links: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. Below this, there are two radio button options: "Add Dependents" and "Add a Benefit". The "Add a Benefit" 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, contact information for NMPSIA is provided: "NMPSIA, MARTHA QUINTANA, DEPUTY DIRECTOR, Phone: (505)988-2736, E-Mail: MARTHA.QUINTANA@STATE.NM.US". A red-bordered box contains a warning: "Please read the NMPSIA Program Guide (provided to you by your employee benefits office) as you perform your benefit enrollment transaction." Below this warning, there is a section titled "ELIGIBILITY" with text explaining the requirements for enrollment, including a 31-day deadline for status changes and a note that contractors are not eligible. The text continues: "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".

Next

Step  
7

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.

**New Mexico Public Schools Insurance Authority**

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

Employee: NM SCHOOL BOARD ASSOCIATION GUILLEN, JOSEPH EE\_ChangeCard

### Change Enrollment

Social Security No.	Last Name	First Name	Middle Name	Suffix									
999-07-1998	TESTLAST	TESTFIRST											
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	Email	Preferred Contact						
01/01/1998	Y	F	(555)907-3001			TEST001@TEST073.COM	0						
Mailing address(Box#or Street Address)			Zip	City	State	County							
ADDRESS001			87005	BLUEWATER	NM	RIO ARriba CIBOLA							
Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week									
LAS CRUCES PUBLIC SCHOOLS	TEACHER	05/11/2023	\$0.00	38.00									
Medical:	DECLINED	Plan:	NONE										
Dental:	DECLINED	Plan:	NONE										
Vision:	DECLINED												
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	\$0.00										
Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status
TESTLAST	TESTFIRST			999-07-3001	01/01/1998	FEMALE	SELF						

Effective Date:01/01/2024

Previous **Next**

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 8

# 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 LAS CRUCES PUBLIC SCHOOLS TESTLAST; TESTFIRST

TESTLAST; TESTFIRST

New Mexico Public Schools Insurance Authority  
Preview for Change Enrollment Request  
LAS CRUCES PUBLIC 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						
Carrier	Blue Cross Blue Shield-High	Delta Dental-High	Declined		Declined	Decline	Decline	50K
Coverage	Employee Only	Employee Only						

**Information regarding you and your family as of**

Name	Relationship	SS#	Gender	Birth Date	Medical	Dental	Vision	Life	status
TESTFIRST TESTLAST	SELF	999-07-3001	FEMALE	01/01/1988	Yes	Yes	No	No	

I Represent that I, TESTFIRST TESTLAST, 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.

Name of person that helped you with performing this online transaction: \_\_\_\_\_ Relationship: \_\_\_\_\_

Accept:  Employee SSN: 999-01-7002 Employee Name: TESTFIRST TESTLAST Date: 09/29/2023 (mm/dd/yyyy)

Previous Finish



Step  
9

# Employee Login – 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 header includes the organization's logo and name. 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 displays the following information:

Employee LAS CRUCES PUBLIC SCHOOLS TESTLAST; TESTFIRST EE\_ChangeEnrollment Wrong Entrance

TESTLAST; TESTFIRST

**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.](#)**


Step  
10

# 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** 

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

## Confirmation of Enrollment

4/16/2024

LAS CRUCES PUBLIC SCHOOLS  
TESTFIRST TESTLAST  
123 THIS STREET  
BLUEWATER NM 87005

123  
A2258JK10

This Confirmation of Enrollment was generated for the following reason:  
You have added medical and dental coverage within your new hire enrollment period. Coverage will be effective 5/1/2024.

You have the following coverages in effect

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Carrier	Presbyterian Low	United Concordia Dental Low	None	Not offered by this employer	Not offered by this employer	Not offered by this employer	Not offered by this employer	The Standard
Coverage	Employee Only	Employee Only	Declined					\$ 50,000

Information regarding you and your family as of 11/18/2015

ID	Name	Relation-ship	SS# Hipaa	Sex	Birth Date	Eligible until	M e d	D e n	V i s	L i f	Additional Information
10	TESTFIRST TESTLAST	SELF	A2258JK10	M	xx/xx/1970		Y	Y	N	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.

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**