



NMPSIA Required Contact Information Form

(Please complete and submit as "contacts" change for these tasks.)

DATE:	
SCHOOL/EMPLOYER NAME:	
SCHOOL/EMPLOYER ID#:	
MAILING ADDRESS	
PHYSICAL ADDRESS	

MAIN CONTACT:	<i>(Superintendent, President, Executive Director, Director, Principal, Head Master, etc.)</i>		
FULL NAME	TITLE	PHONE	EMAIL

BILLING CONTACT:	<i>(Responsible to reconcile and authorized to pay the monthly Benefits invoice)</i>		
FULL NAME	TITLE	PHONE	EMAIL

BENEFITS CONTACT:	<i>(Must be an employee of the school/employer, <u>no Contractors allowed</u>, responsible for ALL Benefits enrollment and eligibility verification transactions with signature authority)</i>		
FULL NAME	TITLE	PHONE	EMAIL

LOA CONTACT:	<i>(Leave of Absence (LOA) contact must be an employee of the school/employer, <u>no Contractors allowed</u>, responsible for ALL Benefits LOA reporting with signature authority)</i>		
FULL NAME	TITLE	PHONE	EMAIL

RISK CONTACT:	<i>(Responsible to reconcile, authorized to pay the annual Risk invoice, and supports Risk related coverages)</i>		
FULL NAME	TITLE	PHONE	EMAIL

WC CONTACT:	<i>(Workers' Compensation (WC) contact must be an employee of the school/employer, <u>no Contractors allowed</u>, responsible for ALL WC form submission, reporting with signature authority)</i>		
FULL NAME	TITLE	PHONE	EMAIL

IT Contact	<i>(Responsible to allow Constant Contact (erisaadministrativeservicesinc.ccsend.com or noreply@erisaadministrativeservicesinc.ccsend.com), large group emails from NMPSIA (@psia.nm.gov) and Erisa (@easitpa.com) email domain/extension through the employer's firewall/security)</i>		
FULL NAME	TITLE	PHONE	EMAIL