

Employee Online System Tutorial

Open Enrollment
Adding Coverage/Adding Dependent



New Mexico
Public Schools
Insurance
Authority

EASI

Erisa Administrative Services, Inc.

IMPORTANT!

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

- An Open Enrollment change can only be done during NMPSIA's Open Enrollment period (October 1- October 31, 2025).
- **If you do not want to make changes to your benefits, you do not have to take any action, and your current plan will automatically renew.**
- 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 period each fall when eligible employees may enroll themselves and/or eligible dependents in a medical, dental or vision plan when they have not done so previously or at the time of a qualifying event.

Changes to benefits are effective January 1, 2026.

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

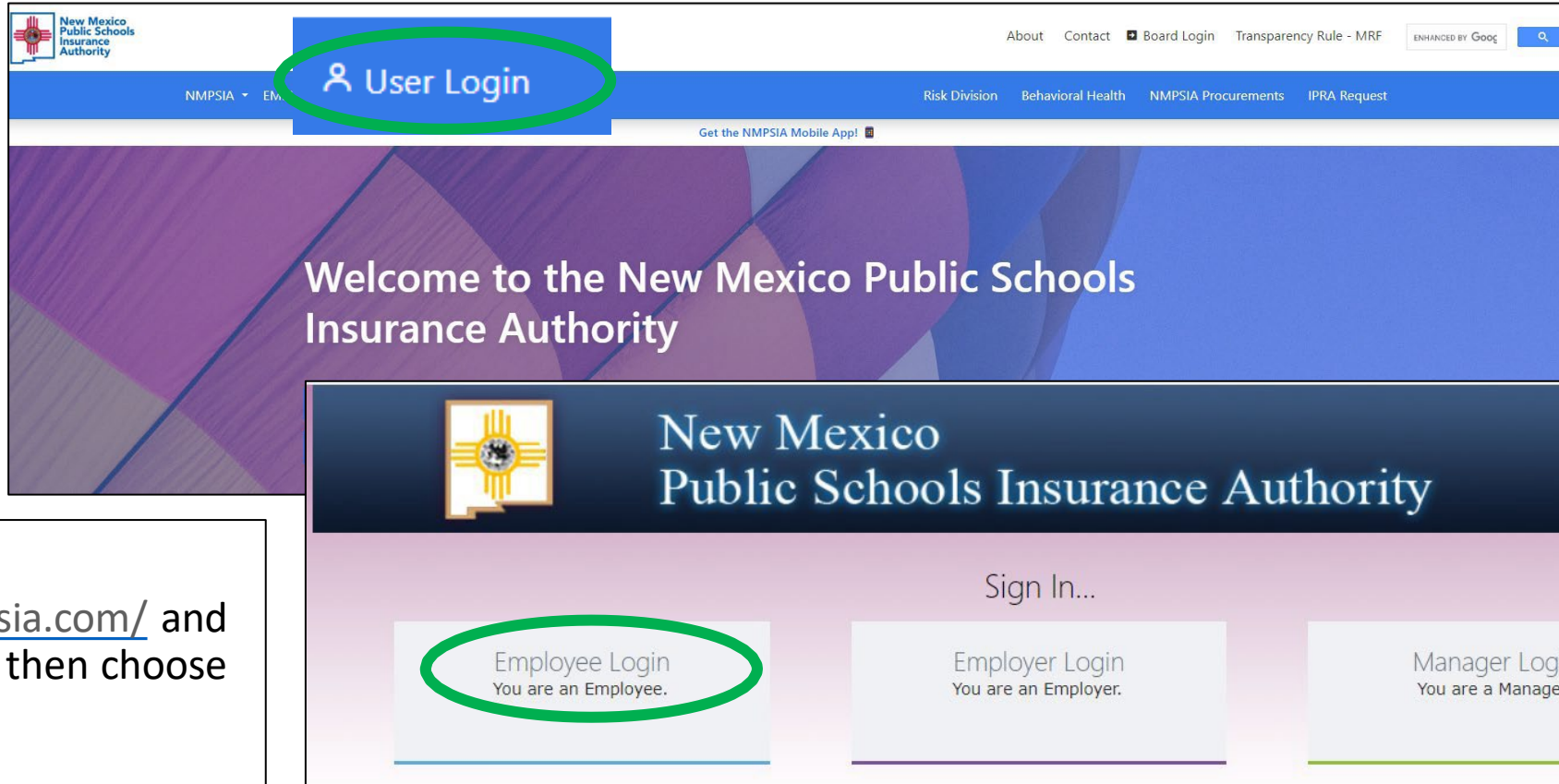
- Add medical, dental, and/or vision coverage
(2-year lock-in rule applies to vision coverage)
- Add eligible dependents to medical, dental or vision coverage

NOTE: Long Term Disability, Additional Employee Life, and/or Additional Spouse Life is allowed any time of the year by requesting ☐ Evidence of Insurability on the Employee Enrollment/Change Form or via the Employee Login online system and submitting to your employer for signature or approval. (Evidence of insurability and approval by The Standard will be required. If approved, the effective date will be determined as the first of the following month from the decision date.)

Employee Login Process from <https://nmpsia.com/>

All Employees will have access to the Online System during Open Enrollment.

Step
1



The screenshot shows the homepage of the New Mexico Public Schools Insurance Authority. The top navigation bar includes links for About, Contact, Board Login, Transparency Rule - MRF, and a search bar. A prominent blue button labeled "User Login" with a person icon is highlighted with a green oval. Below the navigation bar, a large banner reads "Welcome to the New Mexico Public Schools Insurance Authority". At the bottom, a section titled "Sign In..." contains three login options: "Employee Login" (highlighted with a green oval and the subtext "You are an Employee."), "Employer Login" (with the subtext "You are an Employer."), and "Manager Login" (with the subtext "You are a Manager.").

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

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://nmipsia.com>.

Enrollment transactions submitted through this online enrollment site are subject to review and approval for compliance with NMPSIA rules.

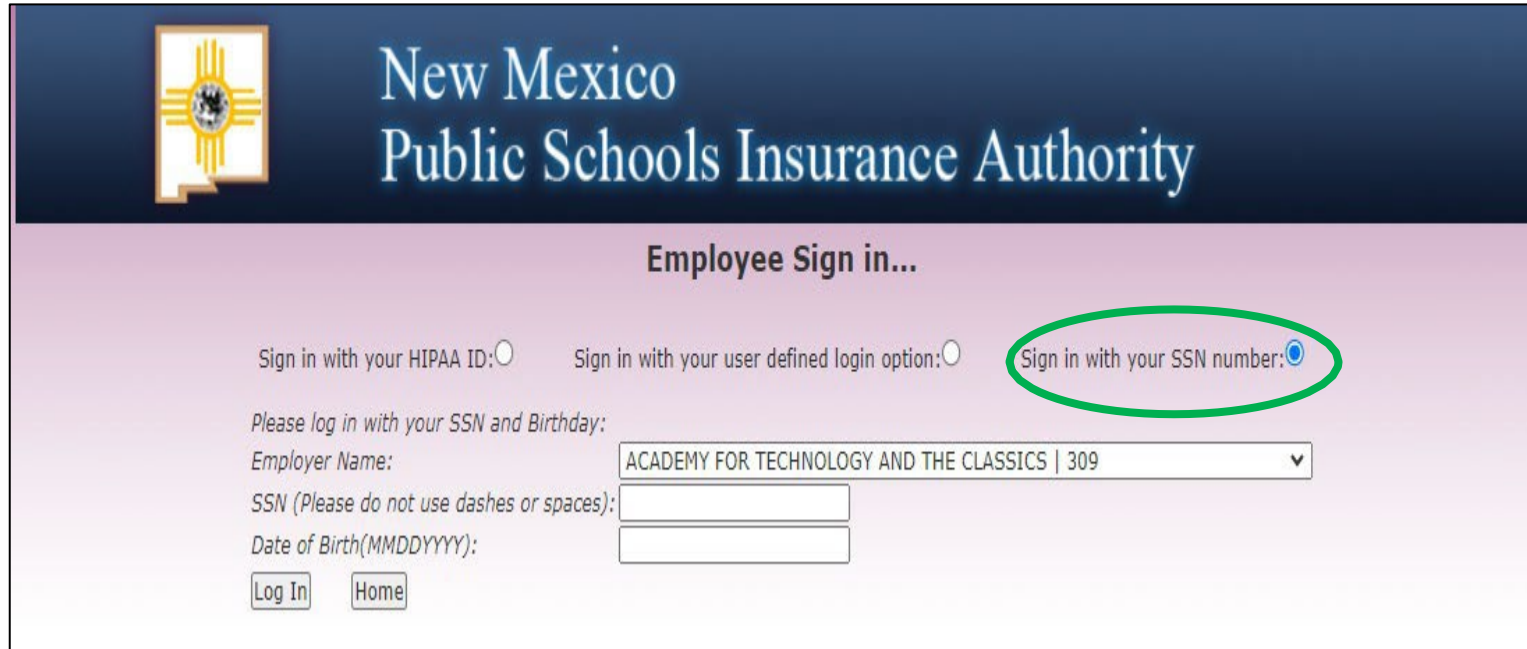
Information entered is saved each time you click Next to progress from one screen to another. If you need to continue your transaction at another time, click Next to save the information that you have entered and Logout. You can continue with your transaction the next time you login.

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.

Employee Login

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 the 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: ACADEMY FOR TECHNOLOGY AND THE CLASSICS | 309 ▼

SSN (Please do not use dashes or spaces):

Date of Birth(MMDDYYYY):

Log In Home

Employee Login

Step
3a

Find your **Employer Name** by clicking the *caret* on the drop-down box.

Employee Login

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: ACADEMY FOR TECHNOLOGY AND THE CLASSICS | 309

SSN (Please do not use dashes or spaces): ●●●●●●●●

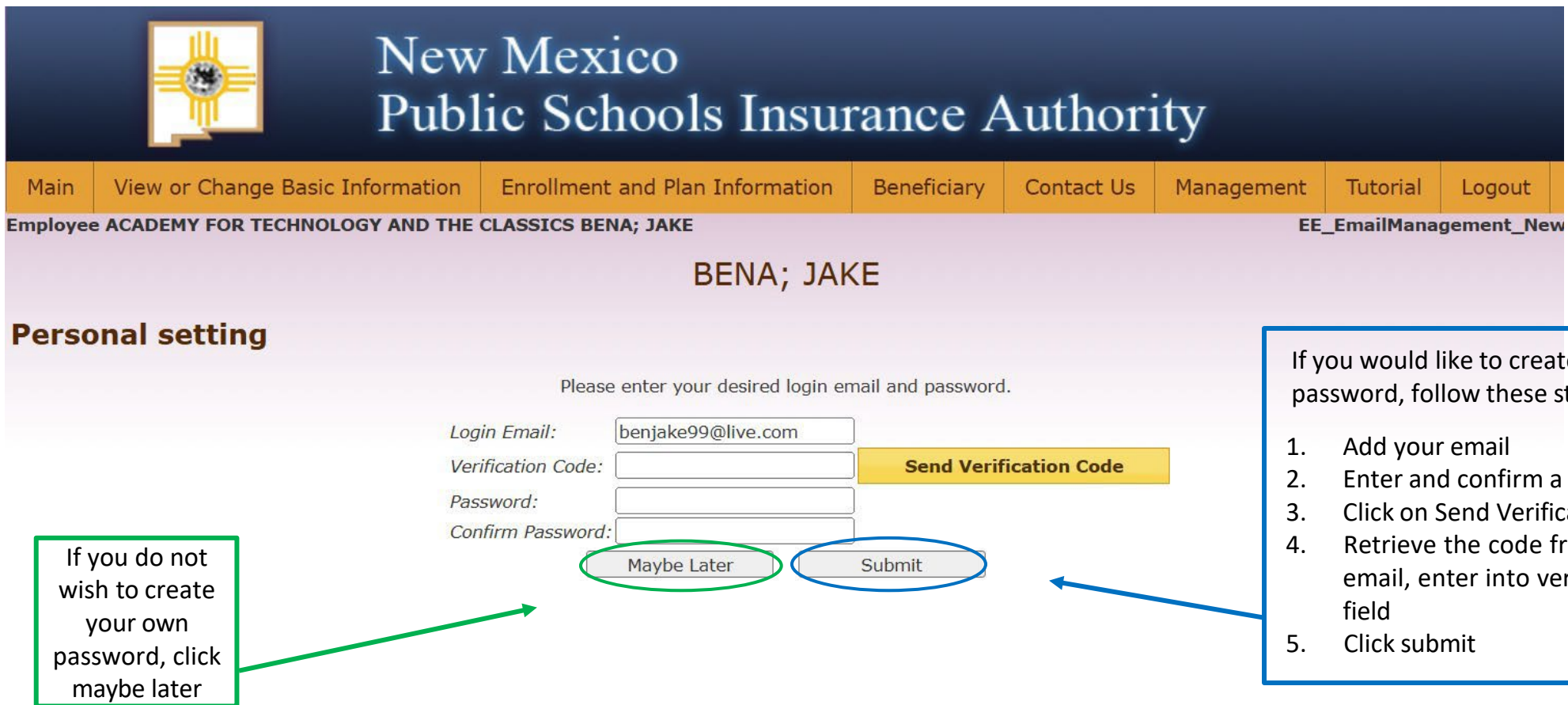
Date of Birth(MMDDYYYY): 01011999

Log In Home

Employee Login

Step
4

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

Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE EE_EmailManagement_New

BENA; JAKE

Personal setting

Please enter your desired login email and password.

Login Email:

Verification Code:

Password:

Confirm Password:

If you do not wish to create your own password, click maybe later

If you would like to create your own password, follow these steps:

1. Add your email
2. Enter and confirm a password
3. Click on Send Verification Code
4. Retrieve the code from your email, enter into verification field
5. Click submit

Employee Login – Open/Switch Enrollment

Step
5

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



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 DISTRICT ID: 309 TECHNOLOGY AND THE CLASSICS

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

View
NMPSIA Benefit Plan Information
New Hire
Change Enrollment
Change Beneficiary
Open/Switch Enrollment
Enrollment Notice

NMPSIA's Open and Switch enrollment period will be available to you from **October 1, 2025 – October 31, 2025**. 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, 2026.

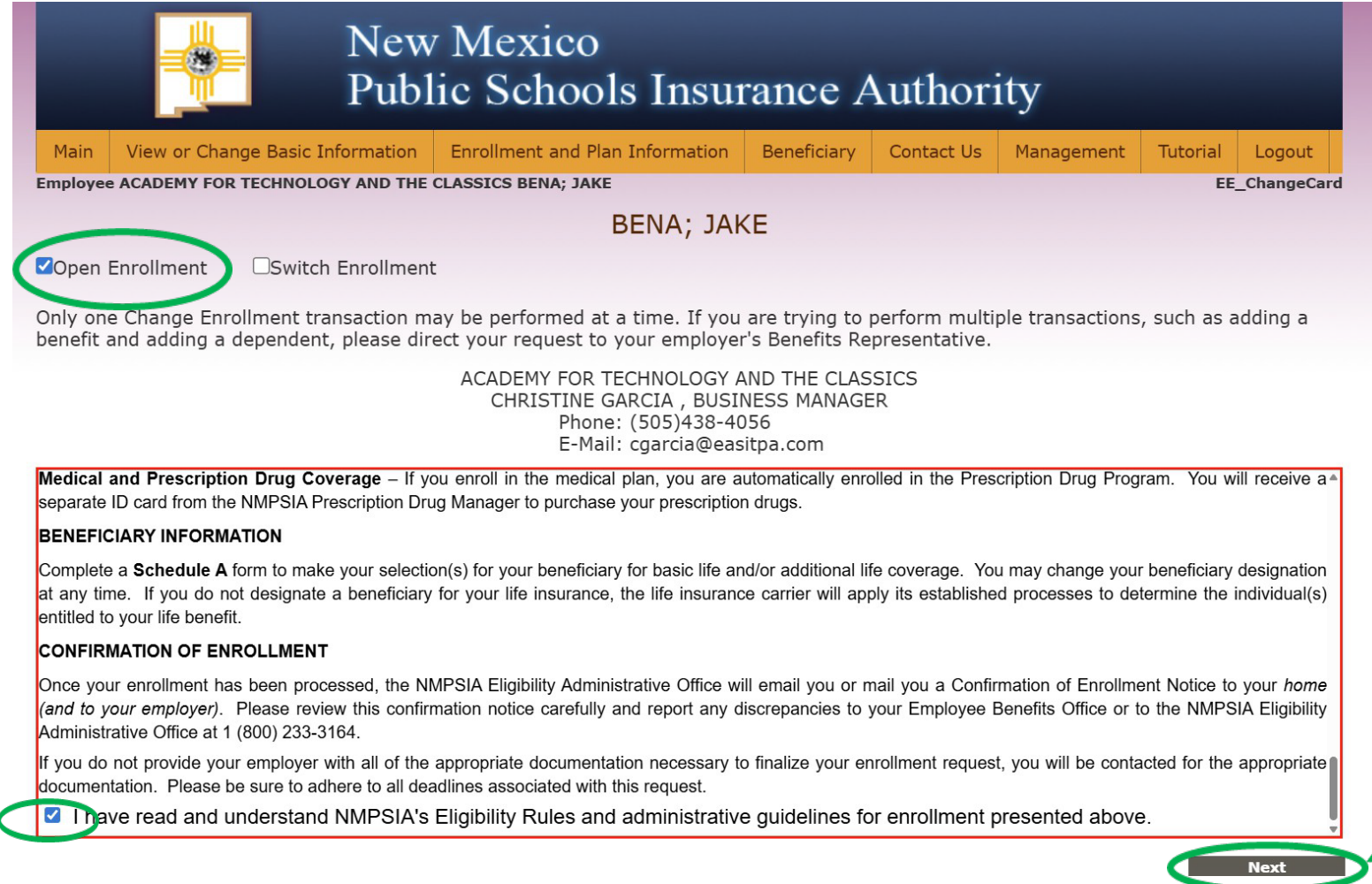
Employee Login - Choose Open Enrollment

On this screen the employee will start the “Open Enrollment” process.

Step
6

“Open Enrollment” allows Employees to ADD eligible dependents to existing coverage and allows ENROLLMENT into medical, dental, and/or vision coverage.

(Note the 2-year minimum requirement for vision coverage).



The screenshot shows the New Mexico Public Schools Insurance Authority website. The header includes the logo and navigation links: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. The user is logged in as Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE, with a link to EE_ChangeCard.

Below the header, the user's name BENA; JAKE is displayed. There are two radio buttons: ☒ Open Enrollment and ☐ Switch Enrollment. A note states: "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."

Contact information for Christine Garcia, Business Manager, is provided: Phone: (505)438-4056, E-Mail: cgarcia@easitpa.com.

A red-bordered box contains the following sections:

- 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.

At the bottom of the red-bordered box, there is a checkbox ☒ I have read and understand NMPSIA's Eligibility Rules and administrative guidelines for enrollment presented above. A green arrow points from a text box on the right to the "Next" button at the bottom right of the form.

Read notifications in their entirety and click acceptance of NMPSIA's Eligibility Rules and click “Next”.

Employee Login – Choose Add Dependent

Your information will appear on this screen. You can add coverage and/or add dependents on this screen.

Step
7

If you would like to add coverage, click the *caret* on the drop-down box for the benefit carrier you would like to add for Medical, Dental and/or Vision.

If you would like to add dependents to coverage, Click **“Add Dependent”** at the bottom left-hand corner of the screen.

Click on the *caret* on the drop-down box to **select the benefit carrier plan option** you would like to select: “High or Low.”



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_ChangeCard

BENA; JAKE

Change Enrollment

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	Y	M	(505)555-1122		(505)555-1122	BENJAK99@LIVE.COM	5

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

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No. of Hours Contracted Per Week
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	IT	07/05/2024	\$50,000.00	35.00

Medical:	Presbyterian	Plan:	High
Dental:	DECLINED	Plan:	NONE
Vision:	Blue Cross Blue Shield		
Basic Life Insurance:	Delta Dental	Elected	\$0.00
Additional Life Insurance:	United Concordia Dental	Elected	1X Base Salary
Spouse Life Insurance:	DECLINED	Elected	\$0.00
Dependent Life Insurance:	Standard	Elected	\$0.00
Long Term Disability:	Standard	Not Elected	\$0.00
		Elected	30D

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF	Y					

Add Dependent

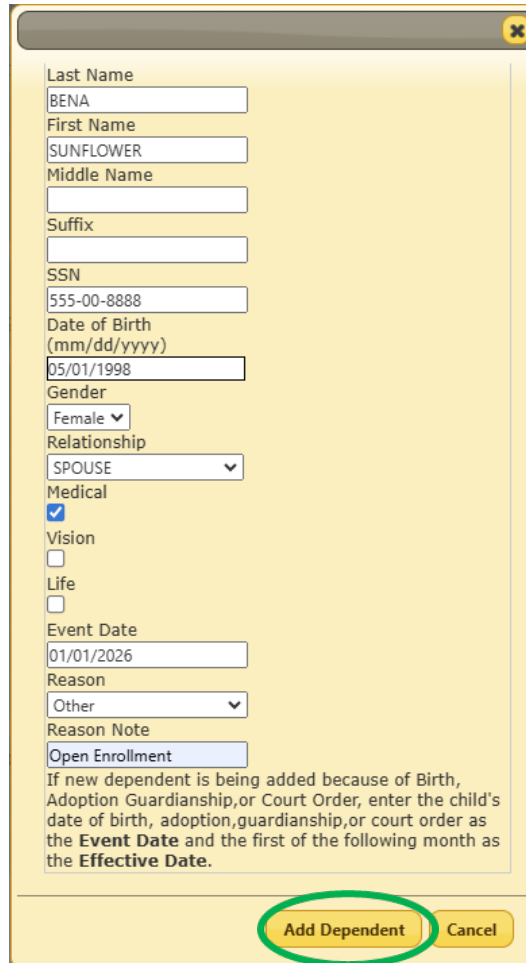
Effective Date: 01/01/2026

Previous Next

Employee Login – Choose Add Dependent

Step 7a

If you are adding a dependent 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"**.



A screenshot of a web-based form for adding a dependent. The form is titled 'Add Dependent' and contains the following fields and options:

- Last Name: BENA
- First Name: SUNFLOWER
- Middle Name: (empty)
- Suffix: (empty)
- SSN: 555-00-8888
- Date of Birth (mm/dd/yyyy): 05/01/1998
- Gender: Female (dropdown menu)
- Relationship: SPOUSE (dropdown menu)
- Medical: ☒
- Vision: ☐
- Life: ☐
- Event Date: 01/01/2026
- Reason: Other (dropdown menu)
- Reason Note: Open Enrollment

Below the form, there is a note: "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**."

At the bottom right, there are two buttons: "Add Dependent" (highlighted with a green circle) and "Cancel".

Employee Login – Choose Add Dependent

You can now view the added dependent's information.
If you are sure the information is correct, select **"Next"**.

Step 7b

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

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_ChangeCard

BENA; JAKE

Change Enrollment

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	E-Mail	Preferred Contact
01/01/1999	Y	M	(505)555-1122		(505)555-1122	BENJAK99@LIVE.COM	5

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

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	IT	07/05/2024	\$50,000.00	35.00

Medical:	Presbyterian	Plan:	High
Dental:	Blue Cross Blue Shield	Plan:	High
Vision:	DECLINED		

Basic Life Insurance:	Standard	Elected	\$0.00
Additional Life Insurance:	Standard	Elected	1X 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
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF	Y					
BENA	SUNFLOWER			555-00-8888	05/01/1998	FEMALE	SPOUSE	Y	☐	☐	Other	01/01/2026	Added

Effective Date:01/01/2026

Previous Next

Click the boxes next to the coverage you would like to add the dependent to then select **"Next"**.

Please note if you intend to exclude a dependent under the age of 18 from any line of coverage proof of other coverage is required.

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 ?

OK

Cancel

Employee Login - Upload Documents for Added Dependent(s)

Step
8

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



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

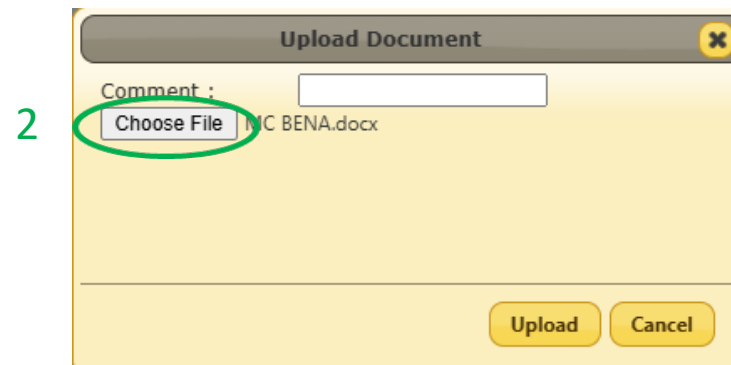
BENA; JAKE

Employee ChangeCard - Upload Certificate

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	File	Upload
BENA	JAKE			088-88-3096	01/01/1999	M	SELF	MARRIGE CERTIFICATE	SUNFLOWER BENA.p f	Upload

Previous Upload Document Next

2



Upload Document

Comment :

Choose File MC BENA.docx

Upload Cancel

Step 8a

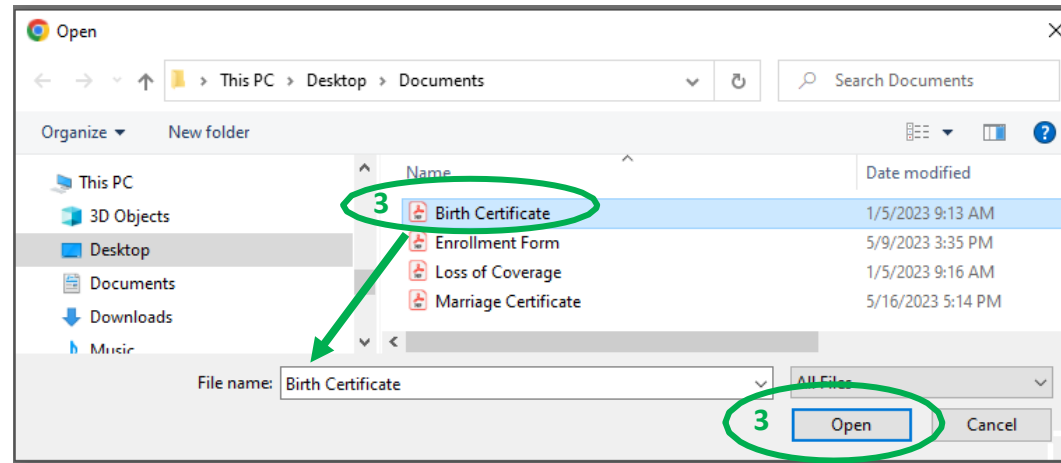
Employee Login – Upload Documents for Added Dependent(s)

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.

3. 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.

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.



Step 8b

Employee Login – Upload Documents for Added Dependent(s)

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



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	DANIEL			888-44-4555	11/07/2000	F	SON	Proof of birth	Birth Certificate.pdf	Upload

Previous

5 Next

Employee Login - Preview Change Enrollment Request

Step 9

- Enter your **social security number**.
- Enter your **full name as shown**.
- Enter the **current date that you completed the process**.
- Click **“Finish”**.

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.



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 View

BENA; JAKE

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

This preview was generated for the following reason:
Your online Change Enrollment request has been submitted for review. Coverage is scheduled to be effective 01/01/2026

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date	01/01/2026	01/01/2026				01/01/2026		
Carrier	Presbyterian-High	Blue Cross Blue Shield-High		30D	1X Base Salary	Decline	Decline	25K
Coverage	Employee and Spouse/Domestic Partner	Employee Only						

Information regarding you and your family as of

Name	Relationship	SS#	Gender	Birth Date	Medical	Dental	Vision	Life	status
JAKE BENA	SELF	088-88-3096	MALE	01/01/1999	Yes	Yes	No	Yes	
SUNFLOWER BENA	SPOUSE	555-00-8888	FEMALE	05/01/1998	Yes	No	No	No	A

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 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.

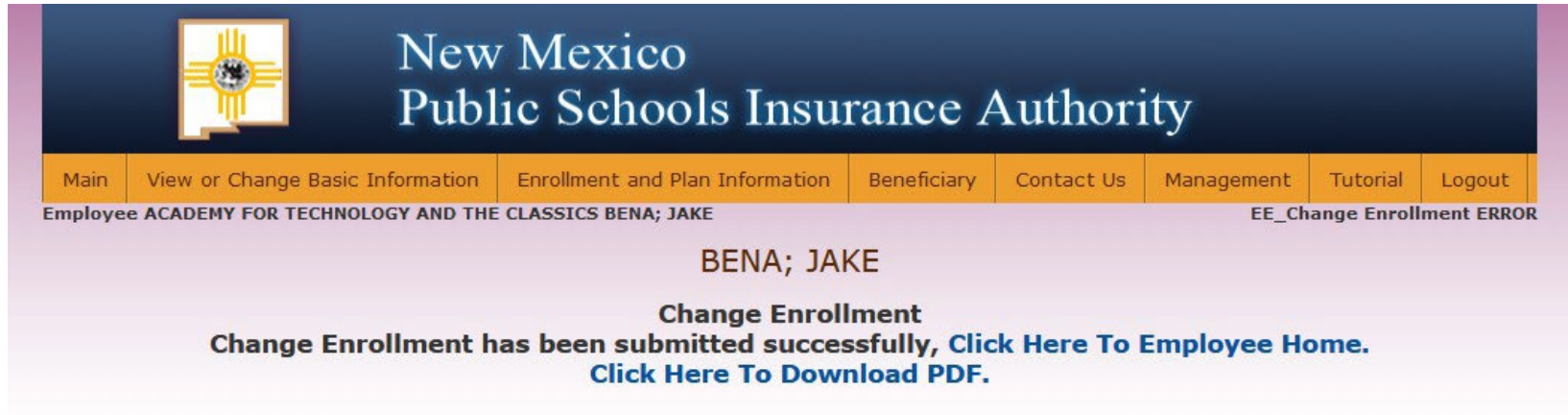
Account: ☒ Employee SSN: 088-88-3096 Employee Name: JAKE BENA Date: 01/01/2025
Must be entered as JAKE BENA (mm/dd/yyyy)

Previous Finish

Employee Login – Open Enrollment Submitted

Step
10

You will see this message after you complete “**Step 9**”. This shows your transaction has been submitted to your Benefits Specialist for approval.



The screenshot displays the New Mexico Public Schools Insurance Authority website. At the top 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, the employee name "Employee ACADEMY FOR TECHNOLOGY AND THE CLASSICS BENA; JAKE" is shown on the left, and the error code "EE_Change Enrollment ERROR" is on the right. The main content area features the text "BENA; JAKE" followed by "Change Enrollment". Below this, a message states: "Change Enrollment 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.

Employee Login – Confirmation of Enrollment

Step 11

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

EASI

Confirmation of Enrollment

09/10/2025

ACADEMY FOR TECHNOLOGY AND THE CLASSICS

JAKE BENA
123 MAIN ST
SANTA FE NM 77777

309
3CF495800

This Confirmation of Enrollment was generated for the following reason:
You have added SUNFLOWER to Medical coverage and YOURSELF to Dental coverage effective 01/01/2026.

You have the following coverages in effect

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Carrier	Presbyterian High	None	None	The Standard	The Standard	None	None	The Standard
Coverage	Employee and Spouse	Employee Only	Declined	30 Day Plan	IX \$50,000	Declined	Declined	\$ 25,000

Information regarding you and your family as of 9/10/2025

ID	Name	Relation-ship	SS# Hipaa	Sex	Birth Date	Eligible until	M e d	D e n	V i s	L i f e	Additional Information
10	JAKE BENA	SELF	3CF495800	M	xx/xx/1999		Y	Y	N	N	
20	SUNFLOWER BENA	SPOU	xxx-xx-8888	F	xx/xx/1998		Y	N	N	N	

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.

Each note will vary and will reflect your transaction request

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



**New Mexico
Public Schools
Insurance
Authority**

EASI

Erisa Administrative Services, Inc.