

Employee Life and Long Term Disability Insurance

Presented by The Standard⁺



Covering Today

- Basic & Additional Life Insurance
- Life Coverage Options
- Added Life Insurance Benefit Features
- Continuing Life Coverage If You Leave Employment
- Long Term Disability Insurance
- Added Long Term Disability Benefit Features
- Referencing NMPSIA.com.
- Applying for Coverage
- Questions



Disclaimers

These policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please consult the Group Policy Certificates at <https://nmipsia.com/benefits.html#assocCarrCons> > The Standard Life and Disability > Life and Disability Certificates and Booklets for further details.

Contact your employer's Benefits Office for additional information, including costs and complete details of coverage.

Life Insurance

Helps protect your loved ones and their financial security.

1

What is it for?

2

Do you need it?

3

What are your goals?

Basic Life Insurance with AD&D*

Coverage for Employees

Paid for by the Employer

Employer's choice of:

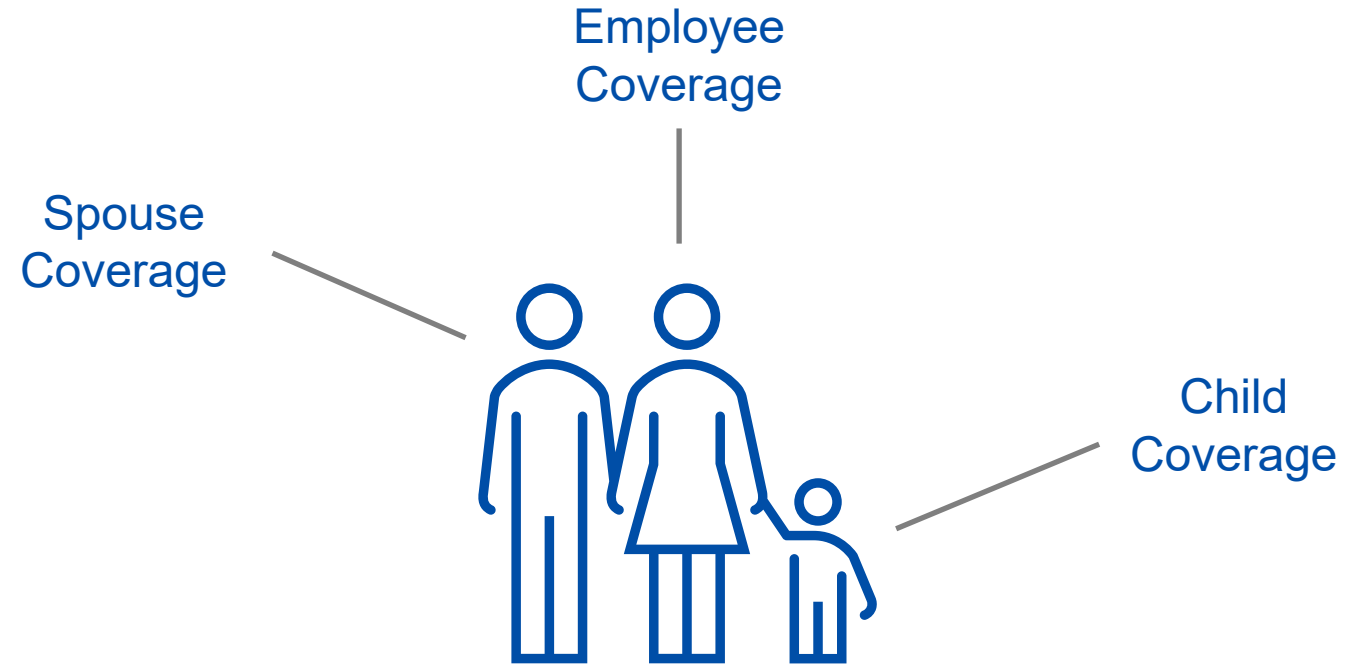
- \$10,000
- \$25,000
- \$50,000

Confirm the benefit amount offered by your employer with your Benefits Office.

*AD&D is Accidental Death and Dismemberment coverage. The amount of AD&D is equal to the Basic Life benefit amount upon death.



Additional Life Insurance with AD&D*



Confirm that your employer offers Additional Life Insurance with your Benefits Office.

*AD&D is Accidental Death and Dismemberment coverage for the employee.
The amount of AD&D is equal to the Additional Life benefit amount upon death.

Life Coverage Options

This coverage is paid by the employee at 100%.

Who is Covered?	Coverage Options	Guarantee Issue Coverage Without Health Questions
Employee	1X, 2X, or 3X base annual earnings to a maximum of \$500,000	Up to 3X base annual earnings (with timely enrollment as a new hire or with a qualifying event)
Spouse	Lesser of 50% of employee's coverage or 1X employee's base annual earnings	Up to 1X employee's base annual earnings (with timely enrollment as a new hire or with a qualifying event)
Child	\$5,000	\$5,000

Added Life Insurance Benefit Features

- **Accelerated Benefit**

Terminal Illness – up to 75% of benefit amount

- **Specified Disease Benefit**

1 of 7 specified diseases – up to 25% of Basic Life benefit amount

- **Waiver of Premium** if totally disabled

- **Conversion or Portability**

To continue coverage when benefits end

- **Repatriation Benefit**

If you die 150+ miles from home, pays to transport your body to a mortuary near your primary residence

- **Travel Assistance Program***

Assistance when traveling 100+ miles from home

- **Life Services Toolkit***

Tools for free will preparation and financial planning

- **Funeral Assignment**

These policies allow for a funeral assignment to pay for final expenses from the Life benefit

- **Continuation of Benefits for Dependents**

If the employee dies, any Spouse or Child Life coverage will continue for 5 months without premium payment

For complete details please visit <https://nmopsia.com/benefits.html#assocCarrCons> and look for The Standard under Life or Disability.

*Travel Assistance and Life Services Toolkit are not insurance products and are provided through arrangements with third-party vendors who are solely responsible for providing and administering the included services and are not affiliated with The Standard.

Continuing Coverage If You Leave Your Job

For complete details on options available to continue your Life Insurance, please visit:

<https://nmipsia.com/pdfs/Options for Continuing Life Insurance 8.2020-1.pdf>

Employment Ending

- **Portability**
 - Insured for 12+ consecutive months
 - Less than age 65
 - Not disabled
- **Conversion**

Retirement

- **NMPSIA**
 - Retiree Life for retirees less than age 65 may continue any Additional Life coverage lost
- **NMRHCA***
 - May be eligible for life insurance with credit from NMPSIA life coverage lost
- **Portability**
 - Insured for 12+ consecutive months
 - Less than age 65
 - Not disabled
- **Conversion**

*New Mexico Retiree Health Care Authority (NMRHCA) coverage is available to Employers who participate with NMRHCA.



Long Term Disability Insurance

What steps have you taken to help shield yourself, your lifestyle and those who count on you from an unexpected loss of income?

Chances are you already purchase home, auto and life insurance to protect yourself against the threat of loss. But would you be able to meet your financial obligations if you became disabled and were unable to work?

LTD insurance pays you a monthly benefit if you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

Confirm that your employer offers LTD Insurance with your Benefits Office.

Long Term Disability Benefit

LTD Benefit	
Benefit Waiting Period	Employer elects either: 30 days, 60 days or 90 days
Monthly Benefit	66 2/3% of first \$7,500 of your predisability earnings reduced by deductible income
Minimum/Maximum Benefit	\$100 minimum/\$5,000 maximum before reduction by deductible income
Maximum Benefit Period	• Up to your normal retirement age under the Social Security Act • If you become disabled after age 65, benefits are payable according to an age-based schedule
Who pays the premium?	
You and your employer share the cost of LTD insurance, based on your contracted base annual salary. To confirm monthly premiums, visit: https://nmpsiaonline.nmpsia.com/EROnline/PremiumCal/ViewPremiumCal	
Definition of Disability	
As a result of physical disease, injury, pregnancy or mental disorder you are unable to perform with reasonable continuity the material duties of your occupation and suffer a loss of at least 20% of predisability earnings when working in your own occupation.	

Added Long Term Disability Benefit Features and Services

- 24-hour coverage, including coverage for work-related disabilities
- Continuation of insurance during school breaks
- Assisted living benefit
- Assistance with Social Security benefits
- Assistance with tax payments
- Lifetime security benefit
- Reasonable accommodation expense benefit
- Rehabilitation plan provision
- Return to work incentive
- Survivors benefit
- Temporary recovery provision
- Waiver of premium while LTD benefits are payable



NMPSIA.com Resources

Visit The Standard's Life and Disability page: <https://www.standard.com/my-benefits/nmpsia>



New Mexico Public Schools Insurance Authority

Group Life, AD&D and LTD Insurance for Eligible Employees and Dependents





Applying for Coverage: New Hire

The first step is to visit your employer's Benefits Office.

- You only have 31 days from your date of hire (first day actively at work) to enroll in Additional Life and/or LTD benefits.
- “Enroll” means that you complete, sign and date your EMPLOYEE ENROLLMENT APPLICATION* and deliver it to the Benefits Office timely.

* Employee may enroll online if allowed by your employer.

Applying for Coverage: New Hire

Employee Enrollment Application:
<https://nmipsia.com/pdfs/EnrollmentChangeForm01012026.pdf>

After you receive your Confirmation of Enrollment,
visit <https://nmipsia.com> and click *Benefits Portal Login*

For Employer Use: MEDICAL, DENTAL, VISION, DISABILITY, ADDITIONAL LIFE, Former Employer, Basic Life Eff. Date, Other Crg Eff. Date

PAIDROLL REDUCTIONS: \$ MEDICAL \$ DENTAL \$ VISION \$ DISABILITY \$ ADDITIONAL LIFE \$

New Mexico Public Schools Insurance Authority
EMPLOYEE ENROLLMENT / CHANGE FORM
This form is Effective 1/1/2026
Eligibility Administrative Office (505) 988-4974 (800) 233-3164 FAX (505) 988-8943

1 Social Security Number, Name (Last, First, Middle), Date of Birth, Mailing Address, City, State, Zip Code, Home Phone Number, Marital Status, Gender, E-Mail Address, Work Phone Number, Cell Phone Number

REASON FOR CHANGE (Answer questions below):
What event took place? ☐ New Hire (enrolling within 31 days of hire) ☐ Evidence of Insurability
What date did event take place? ☐ Qualifying Event (enrolling within 31 days of event)

2 ENROLLMENT
What is your current enrollment status? ☐ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)
What enrollment status are you requesting? ☐ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)
Check One: ☐ ADD COVERAGE / DEPENDENTS ☐ CANCEL COVERAGE / DEPENDENTS ☐ Decline Free Basic Life

BASIC LIFE: The Standard ☐ Decline Basic Life
MEDICAL: ☐ Blue Cross Blue Shield of NM ☐ Presbyterian (Default) ☐ Decline Medical
☐ High Option (Default) ☐ High Option (Default) ☐ Low Option ☐ Low Option ☐ Reason: ☐ Eligible for Medicaid? ☐ Yes ☐ No

DENTAL: ☐ Blue Cross Blue Shield of NM Dental (Default) ☐ United Concordia ☐ Delta Dental ☐ Decline Dental
☐ High Option ☐ Low Option ☐ High Option ☐ Low Option ☐ Decline Vision

VISION: Davis Vision (2 year enrollment required) ☐ Decline Vision

LONG TERM DISABILITY: The Standard ☐ Decline Long Term Disability

ADDITIONAL LIFE: The Standard ☐ Select: ☐ 1X ☐ 2X ☐ 3X Base Annual Salary ☐ Decline Employee Additional Life
☐ Decline Dependent Life ☐ Decline Child Life

3 DEPENDENT INFORMATION
List all dependents you wish to enroll. Provide requested information for additional dependents on separate form. Indicate an A (add), D (drop), C (continue coverage), or N/A (not applicable) for all names listed below.

Med	Oral	Vision	Ad'l Life	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth (REQUIRED)	Gender (REQUIRED)	Dependent's Relationship to You (REQUIRED)	Proof of Marriage, Birth, Loss of Coverage, or Court Order Attached (REQUIRED)
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No

4 EMPLOYEE AUTHORIZATION STATEMENT
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 above. I understand that services will be available subject to the exclusions, limitations and the conditions described in the Master Group Insurance Policies. I authorize any hospital, physician, or other health care provider to furnish other applicable to the Insurance Center such medical information and may request for myself and my dependents. I authorize the Insurance Center 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. Please review rules before signing.

RETURN THIS FORM TO YOUR EMPLOYER BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR EVENT

EMPLOYEE SIGNATURE: DATE:

5 EMPLOYER CERTIFICATION
ALL INFORMATION IN THIS SECTION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE THIS SECTION THOROUGHLY. FORM MUST BE SIGNED BY EMPLOYER.
I attest that to the best of my knowledge that this applicant is an employee of my district/entity (or meets the one-bus owner definition) and works the minimum number of hours per week required for NMPSIA benefits.

Date of Hire	Base Annual Salary	# of hours worked weekly	Job Title	☐ Check only if Variable Hour Employee	Date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office
	\$					

EMPLOYER BENEFITS SPECIALIST SIGNATURE: DATE:

Revised September 2025

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

Date: EMPLOYER NAME: EMPLOYER ID#: HIPAA EE ID#

EMPLOYEE FIRST & LAST NAME
MAILING ADDRESS
CITY STATE ZIP CODE

This Confirmation of Enrollment was generated for the following reason:
Your initial enrollment has been received. **Basic Life coverage is effective DATE.** You will receive a second confirmation notice once you apply & your enrollment is processed. Your beneficiary assignment is required. **You have 31 days from your date of hire (first day actively at work) to apply for all other lines of NMPSIA coverage (medical, dental, vision, LTD, & additional life) offered by your employer.** Please refer to the NMPSIA Program Guide at nmipsia.com for enrollment requirements.

You have the following coverages in effect

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY NMPSIA EMPLOYERS EMPLOYEES CONTACT BENEFITS PORTAL LOGIN

Get the NMPSIA Mobile App!





What is evidence of insurability?

EOI is a statement or proof of a person's physical condition that is required to obtain certain types of insurance.

Applying for Coverage: Late Enrollment

For Additional Life or Long Term Disability that is declined or if you choose to enroll after the 31 day enrollment deadline:

If you elect coverage that requires evidence of insurability, you will receive an invitation to apply message from The Standard at the e-mail address we have on record. There will be a link and logon instructions within the e-mail.

Prior to receiving this link, you must either:

- Make an enrollment/change request via the MyBenefits Portal (preferred method)
- Or submit an enrollment/change form to your Benefits Specialist

Those coverage amounts will be pended until your application is submitted and approved by The Standard.



Questions?

Contact your employer's Benefits Office for:

- Coverage amounts
- Availability of benefits
- Required enrollment process

Thank you for joining us!

[https://nmmpsia.com/benefits.
html#assocCarrCons](https://nmmpsia.com/benefits.html#assocCarrCons)

Benefit Insurance Carriers

The Standard Life and Disability





‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 333 Westchester Avenue, West Building, Suite 300, White Plains, New York. Product features and availability vary by state and company and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.