



New Mexico Public Schools Insurance Authority Retiree Life Insurance Application

Eligibility Administrative Office: (505) 988-4974 (800) 233-3164 Fax: (505) 988-8943

EFFECTIVE DATE <small>(in mm/dd/yyyy format)</small>

EMPLOYER NO.

RETIREE INFORMATION

SOCIAL SECURITY NO.		NAME (Last, First, Middle)				
MAILING ADDRESS (Box # or street address)			CITY	STATE	ZIP	COUNTY
DATE OF BIRTH <small>(mm/dd/yyyy)</small>	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	E-Mail Address Mandatory (Do not block emails from no-reply@easipta.com)			HOME PHONE
SCHOOL / EMPLOYER		DATE OF RETIREMENT (mm/dd/yyyy)		DATE OF TERMINATION OF COVERAGE (mm/dd/yyyy)		

ENROLLMENT	This Additional Life insurance continuation ends with NMPSIA when you reach the limiting age of age 65*. * Age 70 for employees who retire from the Clovis, Dora, or Portales School District.
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Retiree Additional Life – (Maximum Benefit \$300,000) SELECT ONE: <input type="checkbox"/> 1X Last Contracted Salary <input type="checkbox"/> 2X Last Contracted Salary <input type="checkbox"/> 3X Last Contracted Salary	Spouse Additional Life (Coverage is equivalent to the lesser of 1X or 50% of the Retiree Amount not to exceed the retiree's last contracted salary) <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent Children <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL LIFE INSURANCE COVERAGE CONTINUED FOR THE FOLLOWING DEPENDENT(S):				
Name (Last, First, Middle)	Social Security Number	Date of Birth	Gender	Relationship To You

PRIMARY BENEFICIARY

FULL NAME	RELATIONSHIP
MAILING ADDRESS	STREET OR P. O. BOX NUMBER
CITY	STATE
ZIP CODE	

SECONDARY BENEFICIARY (In the event the primary beneficiary designated above is not living at the time of the insured's death)

FULL NAME	RELATIONSHIP
MAILING ADDRESS	STREET OR P. O. BOX NUMBER
CITY	STATE
ZIP CODE	

APPLICATION INFORMATION: This application and premium must be postmarked no later than 31 days from the date your Additional Life coverage terminated with your employer.

PREMIUM INFORMATION: The NMPSIA Eligibility Administrative Office will e-mail or mail you a Confirmation of Enrollment upon receipt of your application notifying you whether or not you are eligible for Additional Life coverage. You will be required to pay the full monthly premium to NMPSIA. The amount may change in accordance with any premium rate changes for the Group Plan. Your premium payment is due by the 1st of each month.

METHOD OF PAYMENT: Your first payment must accompany your enrollment form. Make your check or money order payable to NMPSIA and mail to the following address: **NMPSIA Eligibility Administrative Office, P.O. Box 9054, Santa Fe, NM 87504-9054.** Once enrolled, you will be asked to make a Method of Payment Election to choose to pay by a) bank debit of your checking account, b) pay for 6 months in advance, c) pay for 12 months in advance, or d) pay by check or money order via a monthly coupon book.

MEMBER AUTHORIZATION: I hereby apply to the Authority for the coverage offered to myself and dependents shown above. I understand that benefits will be available subject to the exclusions, limitations and the conditions described in the Master Group Insurance Policies.

Under penalties of perjury and insurance fraud, I declare that I have examined this application and supporting documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of Retiree

Date