



Benefit Services

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Benefit Enrollment/Waiver Form

Medical, Dental, Vision, Life, & Disability Insurances

Refer to [Administrative Rules and Procedures \(ARP\) Chapter 8](#) and benefits.nmsu.edu/ for detailed information on available benefits, eligibility, premium rates, required forms, and carrier contacts. [Submit your completed form online at help.nmsu.edu.](#)

Deadlines

All Benefit Enrollment/Waiver forms and required supporting documentation must be received by Benefit Services within **31 calendar days** of the date of hire or qualifying event.

- Forms must be completed electronically or typed. A **handwritten signature is required**.
- Incomplete or illegible forms will be returned and must be corrected and **resubmitted by the original deadline**.
- Only complete enrollments received by the deadline will be processed.
- Retain a copy of your submission and proof of submission for your records.

New Employees / Newly Benefit-Eligible Employees

Forms and dependent eligibility documentation are due no later than your 31st calendar day of employment in a benefit-eligible position.

Qualifying Events

Forms, qualifying event documentation, and dependent eligibility documentation must be submitted within 31 calendar days of the event. If approved, coverage and payroll deductions may be applied retroactively. Premiums are not prorated. Qualifying event details:

<https://benefits.nmsu.edu/enrollment/change.html>

If required documentation is not received by the deadline, you and/or your dependent(s) will not be enrolled. The next opportunity to enroll will be during Open Enrollment or upon a new qualifying event.

Open Enrollment applies to Medical, Dental, Vision, and Flexible Spending Accounts. Other benefits may allow limited late enrollment and may include additional restrictions.

9-Month Faculty and Staff

Premiums are collected over the academic year (August–May) for coverage provided during the fiscal year (July 1–June 30).

If a mid-year change occurs, premiums will be adjusted to account for amounts already paid and amounts due.

Employee Eligibility

To be eligible for benefits, you must be employed as regular or term faculty or staff at **0.75 FTE or greater** (see [ARP 6.03-Employment Categories](#)).

Employees who are also eligible as a spouse, domestic partner, or dependent under another participant in the State of New Mexico's medical or dental programs may be covered **either as an employee or as a dependent, but not both**. Dual coverage is not permitted.

Dependent Eligibility

Eligible dependents include:

Spouse or Domestic Partner (DP)

- Your lawful spouse or qualified domestic partner
- If your spouse or DP is also an NMSU employee, indicate this in Section 3 and provide their Aggie ID
- Domestic partner information: <https://benefits.nmsu.edu/other/domestic-partner.html>
- DP premiums are not pre-tax eligible, and the value of certain benefits may be considered taxable income. Consult a tax advisor as needed.

Children (under age 26)

- Your biological or adopted child
- Your spouse's or domestic partner's biological or adopted child
- Children of a domestic partner must be specifically designated as "Domestic Partner's Child" on the form (unless they are also your biological/adopted child)

Disabled Dependents (over age 26)

- A child meeting the above definition who is financially dependent due to a qualifying disability that began prior to age 26
- Physician certification is required

Dependent Listing Requirement

List all eligible dependents on the enrollment form and provide required eligibility documentation, even if you are not enrolling them in insurance coverage. This includes dependents who may be eligible for other benefits, such as tuition waiver.

Supporting documentation verifying dependent eligibility must be submitted with your enrollment form.

Acceptable documentation: <https://benefits.nmsu.edu/enrollment/eligibility.html#dep>

Responsibility to Update Dependents

You must remove any ineligible dependents within 31 calendar days of a disqualifying event.

Failure to do so may result in:

- Loss of eligibility to participate in NMSU health benefits
- Financial responsibility for claims paid on behalf of an ineligible dependent

Required Notices

State of New Mexico Group Benefits Plan Privacy Notice: https://www.mybenefitsnm.com/Documents/HIPAA_Policies_and_Procedures_RMD.pdf

NMSU HIPAA Privacy Notice: <https://benefits.nmsu.edu/insurance/hipaa.html>

Creditable Coverage Notice: <https://www.mybenefitsnm.com/FGPOpenFPN.html>

Employee Name (Last, First MI)	Aggie ID#
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6. NMSU Pre-Tax Premium Plan for Medical, Dental, & Vision

I understand that, except for an IRS-allowed Change in Status event, my election below cannot be changed until the next Open Enrollment. I acknowledge that tax rules for the pre-tax program are set by the IRS and agree to hold NMSU harmless for any related consequences.

YES, I ELECT to have my medical, dental, and/or vision premiums deducted **pre-tax** from my salary.

NO, I DECLINE and elect to pay my premiums after-tax.

7. Group Life & AD&D Insurance

7a. New Late Enrollment Cancel No Change

7b. **I DECLINE Group Life & AD&D Insurance.** I understand that if I choose to enroll at a later date, a health questionnaire will be required.

I ELECT Group Life & AD&D

8. Long-Term Disability Insurance

8a. New Late Enrollment Cancel No Change

8b. **I DECLINE Long-Term Disability Insurance.** I understand that if I choose to enroll at a later date, a health questionnaire will be required.

I ELECT Long-Term Disability

9. Voluntary Life & AD&D Insurance

9a. New Enrollment Late Enrollment Change or Cancel No Change

9b. **I DECLINE Voluntary Life AND Accidental Death & Dismemberment Insurance.**
I understand that if I choose to enroll at a later date, a health questionnaire will be required.

I ELECT Voluntary Life AND Accidental Death & Dismemberment

- **Guaranteed Coverage:** Employees must enroll within 31 days of their eligibility date to qualify for any established guaranteed coverage amounts. [Evidence of Insurability](#) is required for late applicants and amounts exceeding the Guarantee Issue limits.
- I understand that if I am not actively at work on the effective day of coverage, my insurance will not begin until the day I return to active work.

9c. Voluntary Life Requested Coverage (minimum \$20,000 to maximum \$600,000 in \$10,000 increments) check all that apply:

Employee **Guaranteed Coverage** (up to \$200,000): _____

Employee Additional Coverage (total employee coverage cannot exceed \$600,000):

Spouse/DP **Guaranteed Coverage** (up to \$50,000 – cannot exceed Employee Amount):

Spouse/DP Additional Coverage (total cannot exceed the lesser of Employee Amount or \$100,000):

Child(ren) Coverage:

9d. Accidental Death & Dismemberment (between \$20,000 and \$150,000 in \$10,000 increments or \$200,000 or \$250,000):

Individual Family

Amount of Election:

10. Employee Authorization & Signature

- I certify that all information provided is true and complete to the best of my knowledge and belief. I understand that knowingly providing false or misleading information constitutes insurance fraud, may result in civil and criminal penalties, and may prohibit future access to State of New Mexico Health Care Authority and NMSU benefits.
- I have had the opportunity to ask questions, have reviewed my enrollment information, and confirm that my elections reflect my informed decisions. I understand that changes to my elections are limited outside of Open Enrollment or a qualifying event.
- I authorize payroll deductions as permitted by applicable law for the benefits I have elected and understand it is my responsibility to review my pay and notify Benefit Services of any discrepancies.
- I understand that benefits are subject to the terms, conditions, limitations, and exclusions of the applicable plan(s). I authorize any hospital, physician, dentist, or other health care provider to release information necessary to process claims and authorize carriers to coordinate benefits with other plans.
- I understand that coverage requiring active work status (e.g., life and disability insurance) will not take effect until I return to active work, if applicable.

Employee Signature: _____

Date: _____

HR Use Only	Medical/Rx	Dental	Vision	Group Life	LTD	Vol. Life	AD&D
Code:							
DEDN Date:							
BCOV Date:							
Benefits Notes:							
Payroll Notes:							

INSTRUCTIONS (PLEASE PRINT, SIGN, AND DATE THIS FORM IN BLACK INK)			
Employee/Retired Employee Name (Last, First MI)	Social Security #	Date of Birth	Home Telephone Number
Home Address	City	State	Zip
Employer New Mexico State University (NMSU)		Group Number GFZ02001	

DEFINITIONS & STATEMENTS

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

Will or Trust as Beneficiary Designation can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will, which was intended to create a trust, may not be admitted to probate (because it is lost, contested, or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. **

Minors as Beneficiary Designation can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. **

Dependent Beneficiary – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.
**You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS					
Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Address	%

WARNING: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon or Virginia.)

Employee/Retired Employee Signature _____ Date _____

Important Note for Married Employees: If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, GU, ID, LA, NM, NV, PR, TX, WA, and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive their rights to any community property interest in the benefits. Below we have provided a "Spousal Consent for Community Property States" for your spouse's signature. **DEARBORN NATIONAL[®] LIFE INSURANCE COMPANY (DEARBORN NATIONAL) WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

Spousal Consent for Community Property States/Territories: I hereby consent to the Primary Beneficiary designated by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature _____ Date _____ Employee has no legal spouse

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