

Insurance/Benefits Enrollment Reminders

WELCOME to Espanola Public Schools! Let's get you enrolled 😊

NMPSIA Rules on enrollment

1. You have 31 days from your date of hire to enroll in NMPSIA benefits.
2. What effective date would you like to start? *The soonest effective date for enrollment is the 1st of the month following your date of hire, this might have to be a double deduction depending on when you will receive your first paycheck. Premiums are collected 1 month in advance on the 15th and 30th of every month. For the next possible effective date, we will run your payroll deductions through our regular pay cycles.*
3. "Enroll" means that you complete, sign and date your enrollment form and deliver it to the Insurance Benefits Specialist. Please include all supporting documents, to avoid delay in coverage for your dependents.
4. If you miss your enrollment period, you will still be enrolled into Basic Life Insurance which is paid 100% by Espanola Public Schools.
5. NMPSIA offers an Open Enrollment from October-November with a January 1st effective date for Medical, Dental and Vision coverage.

Supportive Documentation

Supportive documents are required to prove dependency to the employee for all dependent enrollment. All documents must be received timely and prior to the requested effective date to avoid delays in coverage.

1. Proof of birth, legal guardianship, adoption or court orders are required when adding children to your coverage. NMPSIA allows children under the age of 26 to be insured.
2. Marriage certificate or domestic partner affidavit for your spouse or partner is required if you are adding them to your insurance.
3. Proof of other coverage is required if you are trying to exclude a dependent from a Medical, Dental or Vision coverage.

Informational Websites:

nmpsia.com
bcbsnm.com/nmpsia
phs.org/health-plans/employer-plans/
<https://my.cigna.com/web/public/guest>

Have Questions? Call or Email

Espanola Public Schools
Insurance Benefits Specialist
Leslie Garcia 505-367-3320



Espanola Public Schools Benefits Deductions Summary

Mandatory Programs

All employees are required to contribute a mandatory deduction to The Educational Retirement Board retirement and pension plan. Unless you are a retired PERA employee.

- Employees with annual salaries of \$24,000 and above contribute 10.7% of gross wages. The district contributes 17.15% of gross wages.
- Employees with annual salaries below \$24,000 contribute 7.9% of gross wages. The district contributes a matching 17.15%.

All employees are required to contribute a mandatory deduction to The NM Retiree Healthcare Program.

- All employees are subject to a mandatory deduction which is equivalent to 1.0% of gross wages, the district contributes 2.0% gross wages.

All contracted employees that work at least 15 hours a week are required to be enrolled into NMPSIA's Basic Life Insurance through The Standard Life Insurance Company. This benefit is paid 100% by the District.

Voluntary Programs Available

- NEA- (National Education Association)
- Medical Coverage
- Dental Coverage
- Vision Coverage
- Long Term Disability
- Voluntary Life Insurance
- 403(b) Retirement Savings Plan
- Flexible Spending
- Colonial (Accident, Short Term Disability, Cancer, Life Insurance)

*****Please review each paycheck- ALL EMPLOYEES are responsible for checking their pay stubs to make sure deductions are correct. *****



Espanola Public Schools

Benefits Summary

NMPSIA CORE BENEFITS

Basic Life Insurance through The Standard Insurance Company (Free to all contracted employees working a minimum of 15 hours per week.) \$50,000 Life Insurance Policy for Employee Only. 100% paid for by EPS. You will automatically be enrolled first of the month following your date of hire. ** Please complete a Beneficiary assignment or update as needed**

Medical Insurance

Blue Cross Blue Shield

Blue Cross Blue Shield EPO

Cigna

Presbyterian Health Plan

High option is a PPO plan

Low option is a PPO High Deductible /Catastrophic Plan

(All plans include CVS prescription drug benefit.)

Dental Insurance

United Concordia- Advantage Plus Plan

Delta Dental

High Option- Preferred Comprehensive Plan

Low Option-Preferred Basic Plan

Vision Insurance

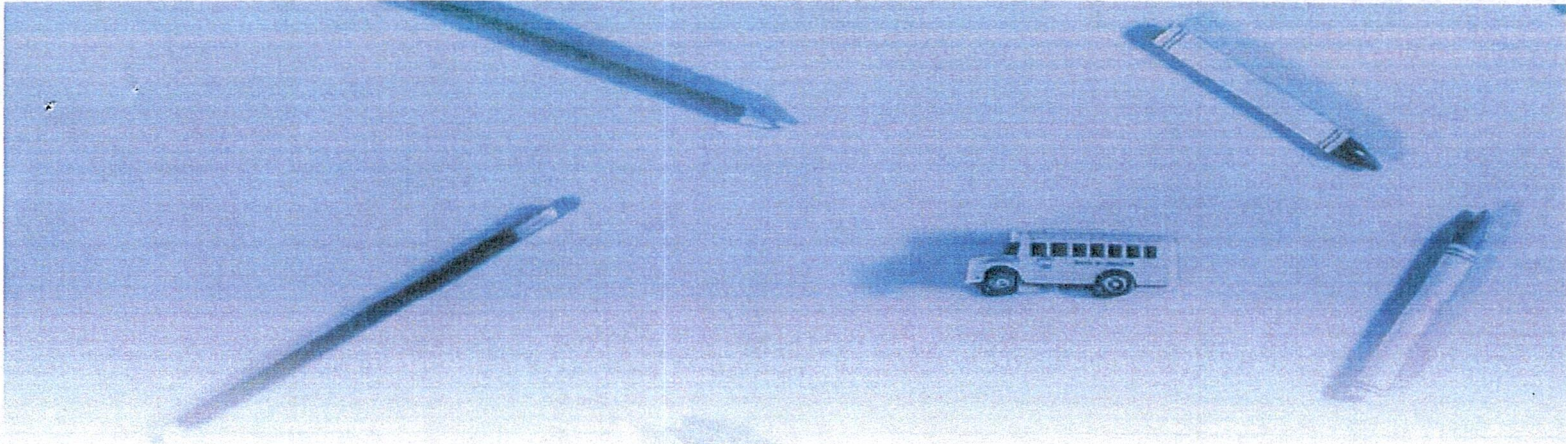
Davis Vision (two-year requirement)

Long Term Disability

Qualifying Events to Make Benefit Changes

Premiums for medical, dental and vision are taken on a pre-tax basis. IRS regulations require that benefit elections must be made for the calendar year and may only be changed during the annual open enrollment period (October-November). **The exception to this rule is if you request a change within 31 calendar days of a Qualifying Event.** The following are Qualifying Events, enabling you to change your coverage as needed:

- Change in legal marital status (marriage, divorce, annulment or death of spouse) or domestic partnership status
- Birth or adoption of a child or placement of a foster child.
- Commencement of or a return from a leave of absence
- New eligibility for coverage under another employer's plan for yourself, spouse, domestic partner or dependent.
- Involuntary loss of coverage under your own, spouse's or domestic partner's plan
- Loss of prior coverage under Medicaid or SCHIP plan
- New eligibility for coverage under a Medicaid, Medicare, or SCHIP plan
- Judgment or court order to provide coverage for a dependent.
- Change in position with a salary increase



The Standard Insurance Company

(30 day waiting period plan)

Pays 66 2/3% of an employee's salary up to a month maximum of \$5,000.00

40% Employee, 60% Employer contribution

Premium determined according to salary and age of Employee. Premium will increase/decrease depending on salary changes throughout the year. Never an open enrollment, proof of good health required if you miss your 31 day enrollment period as a new employee.

Additional Life Insurance

The Standard Insurance Company

Up to 3 times your Base Salary- spouse and child(ren) coverage available. Premium is

determined according to salary and age of employee.

Premium will increase/decrease depending on salary changes throughout the year.

Never an open enrollment, proof of good health required if you miss your 31 day enrollment period as a new employee.

Salaries are reported to NMPSIA every January. If you have an increase/decrease that moves you to the next insurance bracket, premium changes will be reflected on your December payroll. Salary changes will also affect your premium for LTD or VLF if you carry these, no matter the amount of increase or decrease. **

Premiums

EPS pays a percentage of the premium for your NMPSIA Medical benefits, based on employee salary as follows:

Less than \$23,199 = 80%
\$23,200-33,800 = 75%
\$33,801-Over= 65%

*** Premiums usually increase every October. Changes made will be reflected on your September payroll***

OPEN ENROLLMENT/SWITCH ENROLLMENT

NMPSIA offers a yearly open enrollment or switch enrollment in October. Changes made, will take effect on your December Payroll for a January effective date.

*Any qualifying event must be reported within 31 days from the date of the event.

** Please review each paycheck- All employees are responsible for checking their pay stubs to make sure deductions are correct

August Payroll

Espanola Public Schools Rate Sheet for NMPSIA Insurance Effective Payrolls 9/1/2021-9/30/2022				Monthly	PER Pay Period 15th & 30th	Monthly	Per Pay Period 15th & 30th	Monthly	Per Pay Period 15th & 30
				Less than \$19,999.00 20%/80%	1/2 20%/80%	\$20,000 - \$29,999 25%/75%	1/2 25%/75%	\$30,000.00 and over 35%/65%	1/2 35%/65%
Coverage	Tier	Full Monthly Premium							
BCBS	Single	\$811.68	Employee share	\$162.34	\$81.17	\$202.92	\$101.46	\$284.09	\$142.05
			Employer	\$649.34	\$324.67	\$608.76	\$304.38	\$527.59	\$263.79
High Option	Two-Party	\$1,543.68	Employee share	\$308.74	\$154.37	\$385.92	\$192.96	\$540.29	\$270.14
			Employer	\$1,234.94	\$617.47	\$1,157.76	\$578.88	\$1,003.39	\$501.70
	Family	\$2,061.76	Employee share	\$412.35	\$206.18	\$515.44	\$257.72	\$721.62	\$360.81
			Employer	\$1,649.41	\$824.70	\$1,546.32	\$773.16	\$1,340.14	\$670.07
BCBS	Single	\$578.02	Employee share	\$115.60	\$57.80	\$144.51	\$72.26	\$202.31	\$101.16
			Employer	\$462.42	\$231.21	\$433.51	\$216.75	\$375.71	\$187.85
Low Option	Two-Party	\$1,099.34	Employee share	\$219.87	\$109.94	\$274.84	\$137.42	\$384.77	\$192.39
			Employer	\$879.47	\$439.73	\$824.50	\$412.25	\$714.57	\$357.28
	Family	\$1,468.36	Employee share	\$293.67	\$146.84	\$367.09	\$183.55	\$513.93	\$256.97
			Employer	\$1,174.69	\$587.34	\$1,101.27	\$550.63	\$954.43	\$477.21
BCBS	Single	\$730.50	Employee share	\$146.10	\$73.05	\$182.63	\$91.32	\$255.68	\$127.84
			Employer	\$584.40	\$292.20	\$547.87	\$273.93	\$474.82	\$237.41
EPO Option	Two-Party	\$1,389.28	Employee share	\$277.86	\$138.93	\$347.32	\$173.66	\$486.25	\$243.13
			Employer	\$1,111.42	\$555.71	\$1,041.96	\$520.98	\$903.03	\$451.51
	Family	\$1,855.56	Employee share	\$371.11	\$185.56	\$463.89	\$231.95	\$649.45	\$324.73
			Employer	\$1,484.45	\$742.22	\$1,391.67	\$695.83	\$1,206.11	\$603.05
Cigna	Single	\$775.04	Employee share	\$155.01	\$77.51	\$193.76	\$96.88	\$271.26	\$135.63
			Employer	\$620.03	\$310.01	\$581.28	\$290.64	\$503.78	\$251.89
High Option	Two-Party	\$1,496.14	Employee share	\$299.23	\$149.62	\$374.04	\$187.02	\$523.65	\$261.83
			Employer	\$1,196.91	\$598.45	\$1,122.10	\$561.05	\$972.49	\$486.24
	Family	\$2,005.34	Employee share	\$401.07	\$200.54	\$501.33	\$250.66	\$701.87	\$350.94
			Employer	\$1,604.27	\$802.13	\$1,504.01	\$752.01	\$1,303.47	\$651.73
Cigna	Single	\$554.52	Employee share	\$110.90	\$55.45	\$138.63	\$69.32	\$194.08	\$97.04
			Employer	\$443.62	\$221.81	\$415.89	\$207.94	\$360.44	\$180.22
Low Option	Two-Party	\$1,070.44	Employee share	\$214.09	\$107.05	\$267.61	\$133.81	\$374.65	\$187.32
			Employer	\$856.35	\$428.17	\$802.83	\$401.41	\$695.79	\$347.90
	Family	\$1,434.76	Employee share	\$286.95	\$143.48	\$358.69	\$179.35	\$502.17	\$251.09
			Employer	\$1,147.81	\$573.90	\$1,076.07	\$538.03	\$932.59	\$466.29
Presbyterian	Single	\$656.38	Employee share	\$131.28	\$65.64	\$164.09	\$82.05	\$229.73	\$114.87
			Employer	\$525.10	\$262.55	\$492.29	\$246.14	\$426.65	\$213.32
High Option	Two-Party	\$1,378.32	Employee share	\$275.66	\$137.83	\$344.58	\$172.29	\$482.41	\$241.21
			Employer	\$1,102.66	\$551.33	\$1,033.74	\$516.87	\$895.91	\$447.95
	Family	\$1,837.90	Employee share	\$367.58	\$183.79	\$459.48	\$229.74	\$643.27	\$321.64
			Employer	\$1,470.32	\$735.16	\$1,378.42	\$689.21	\$1,194.63	\$597.31
Presbyterian	Single	\$467.50	Employee share	\$93.50	\$46.75	\$116.88	\$58.44	\$163.62	\$81.81
			Employer	\$374.00	\$187.00	\$350.62	\$175.31	\$303.88	\$151.94
Low Option	Two-Party	\$981.60	Employee share	\$196.32	\$98.16	\$245.40	\$122.70	\$343.56	\$171.78
			Employer	\$785.28	\$392.64	\$736.20	\$368.10	\$638.04	\$319.02
	Family	\$1,308.86	Employee share	\$261.77	\$130.89	\$327.22	\$163.61	\$458.10	\$229.05
			Employer	\$1,047.09	\$523.54	\$981.64	\$490.82	\$850.76	\$425.38



9/1/2021 - 9/30/2022

August Payroll

			Less than \$15,000 25%/75%	1/2 25%/75%	\$15,000-19,999 30%/70%	1/2 30%/70	\$20,000-\$24,999 35%/65%	1/2 35%/65%	\$25,000-over 40%/60%	1/2 40%/60%
DENTAL	Single \$28.60	Employee share	\$7.16	\$3.58	\$8.58	\$4.29	\$10.00	\$5.00	\$11.44	\$5.72
Delta Dental		Employer	\$21.44	\$10.72	\$20.02	\$10.01	\$18.60	\$9.30	\$17.16	\$8.58
United Concordia	Two-Party \$54.44	Employee share	\$13.62	\$6.81	\$16.34	\$8.17	\$19.06	\$9.53	\$21.78	\$10.89
High Option		Employer	\$40.82	\$20.41	\$38.10	\$19.05	\$35.38	\$17.69	\$32.66	\$16.33
	Family \$85.54	Employee share	\$21.38	\$10.69	\$25.66	\$12.83	\$29.94	\$14.97	\$34.22	\$17.11
		Employer	\$64.16	\$32.08	\$59.88	\$29.94	\$55.60	\$27.80	\$51.32	\$25.66
DENTAL	Single \$28.60	Employee share	\$3.58	\$1.79	\$4.30	\$2.15	\$5.00	\$2.50	\$5.74	\$2.87
Delta Dental		Employer	\$10.74	\$5.37	\$10.02	\$5.01	\$9.32	\$4.66	\$8.58	\$4.29
United Concordia	Two-Party \$54.44	Employee share	\$6.82	\$3.41	\$8.18	\$4.09	\$9.54	\$4.77	\$10.90	\$5.45
Low Option		Employer	\$20.44	\$10.22	\$19.08	\$9.54	\$17.72	\$8.86	\$16.36	\$8.18
	Family \$85.54	Employee share	\$10.70	\$5.35	\$12.82	\$6.41	\$14.98	\$7.49	\$17.12	\$8.56
		Employer	\$32.08	\$16.04	\$29.96	\$14.98	\$27.80	\$13.90	\$25.66	\$12.83
VISION	Single \$6.26	Employee share	\$1.58	\$0.79	\$1.88	\$0.94	\$2.20	\$1.10	\$2.50	\$1.25
Davis Vision		Employer	\$4.68	\$2.34	\$4.38	\$2.19	\$4.06	\$2.03	\$3.76	\$1.88
	Two-Party \$10.48	Employee share	\$2.64	\$1.32	\$3.14	\$1.57	\$3.68	\$1.84	\$4.18	\$2.09
		Employer	\$7.84	\$3.92	\$7.34	\$3.67	\$6.80	\$3.40	\$6.30	\$3.15
	Family \$14.14	Employee share	\$3.54	\$1.77	\$4.24	\$2.12	\$4.94	\$2.47	\$5.66	\$2.83
		Employer	\$10.60	\$5.30	\$9.90	\$4.95	\$9.20	\$4.60	\$8.48	\$4.24

*** Long Term Disability is a 40%/60% Split. Premium is based on your Salary and Age***

*** Additional Life Insurance is 100% paid by Employee. Premium is based on your Salary and Age***

(Eff 10/1/2022)

		< \$23199 20%/80%			\$23,200-33,800 25%/75%			\$33,801 - over 35%/65%		
		Employee 15th & 30th	District 15th & 30th	Total per Month	Employee 15th & 30th	District 15th & 30th	Total per Month	Employee 15th & 30th	District 15th & 30th	Total per Month
Blue Cross Blue	Single	86.04	344.16	860.40	107.55	322.65	860.40	150.57	279.63	860.40
	Two Party	163.63	654.52	1,636.30	204.54	613.61	1,636.30	286.36	531.79	1,636.30
	Family	218.50	874.24	2,185.48	273.19	819.55	2,185.48	382.46	710.28	2,185.48
HIGH	Single	59.65	238.61	596.52	74.57	223.69	596.52	104.39	193.87	596.52
	Two Party	113.45	453.81	1,134.52	141.82	425.44	1,134.52	198.54	368.72	1,134.52
	Family	151.54	606.14	1,515.36	189.42	568.26	1,515.36	265.19	492.49	1,515.36
LOW	Single	77.43	309.73	774.34	96.79	290.38	774.34	135.50	251.67	774.34
	Two Party	147.26	589.06	1,472.64	184.08	552.24	1,472.64	257.71	476.11	1,472.64
	Family	196.69	786.76	1,966.90	245.86	737.59	1,966.90	344.20	639.25	1,966.90
EPO	Single	82.15	328.61	821.54	102.69	308.07	821.54	143.77	267.00	821.54
	Two Party	158.59	634.37	1,585.92	198.24	594.72	1,585.92	277.53	515.42	1,585.92
	Family	212.56	850.26	2,125.66	265.71	797.12	2,125.66	371.99	690.84	2,125.66
Cigna HIGH	Single	57.22	228.90	572.26	71.53	214.60	572.26	100.14	185.98	572.26
	Two Party	110.47	441.88	1,104.70	138.08	414.26	1,104.70	193.32	359.03	1,104.70
	Family	148.07	592.27	1,480.68	185.05	555.29	1,480.68	259.12	481.22	1,480.68
Low	Single	69.57	278.31	695.76	86.97	260.91	695.76	121.76	226.12	695.76
	Two Party	146.10	584.41	1,461.02	182.62	547.89	1,461.02	255.67	474.83	1,461.02
	Family	194.82	779.27	1,948.18	243.52	730.57	1,948.18	340.93	633.16	1,948.18
Presbyterian High	Single	48.24	192.99	482.46	60.30	180.93	482.46	84.43	156.80	482.46
	Two Party	101.30	405.21	1,013.02	126.62	379.89	1,013.02	177.28	329.23	1,013.02
	Family	135.07	540.31	1,350.76	168.84	506.54	1,350.76	236.38	439.00	1,350.76

Effective 10/1/2022 (Sept payroll)

		< \$15,000			\$15,000 - \$19,999			\$20,000 - \$24,999			\$25,000- Over		
		Employee 15th & 30th	District 15th & 30th	Total Monthly	Employee 15th & 30th	District 15th & 30th	Total Monthly	Employee 15th & 30th	District 15th & 30th	Total Monthly	Employee 15th & 30th	District 15th & 30th	Total Monthly
Delta Dental or United Concordia High Option	Single	3.58	10.72	28.60	4.29	10.01	28.60	5.00	9.30	28.60	5.72	8.58	28.60
	Two Party	6.81	20.41	54.44	8.17	19.05	54.44	9.53	17.69	54.44	10.89	16.33	54.44
	Family	10.69	32.08	85.54	12.83	29.94	85.54	14.97	27.80	85.54	17.11	25.66	85.54
Delta Dental or United Concordia Low Option	Single	1.79	5.37	14.32	2.15	5.01	14.32	2.50	4.66	14.32	2.87	4.29	14.32
	Two Party	3.41	10.22	27.26	4.09	9.54	27.26	4.77	8.86	27.26	5.45	8.18	27.26
	Family	5.35	16.04	42.78	6.41	14.98	42.78	7.49	13.90	42.78	8.56	12.83	42.78
VISION Davis Vision	Single	0.79	2.34	6.26	0.94	2.19	6.26	1.10	2.03	6.26	1.25	1.88	6.26
	Two Party	1.32	3.92	10.48	1.57	3.67	10.48	1.84	3.40	10.48	2.09	3.15	10.48
	Family	1.77	5.30	14.14	2.12	4.95	14.14	2.47	4.60	14.14	2.83	4.24	14.14

(Sept Payroll)

For Employer Use:
PAYROLL DEDUCTIONS

MEDICAL

DENTAL

VISION

DISABILITY

ADDITIONAL LIFE

Former Employer
(if covered under NMPSIA)

Basic Life Eff. Date
(mm/dd/yyyy)

Other Cvrge Eff. Date
(mm/dd/yyyy)



New Mexico
Public Schools
Insurance
Authority

New Mexico Public Schools Insurance Authority

1.1.2021 EMPLOYEE ENROLLMENT APPLICATION

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

District/Entity Name

District/Entity #

1 Social Security Number		Name (Last, First, Middle)			Date of Birth (mm/dd/yyyy)	
Mailing Address				City	State	Zip Code
Marital Status <input type="checkbox"/> S <input type="checkbox"/> M		Gender <input type="checkbox"/> F <input type="checkbox"/> M		Preferred E-Mail Address By furnishing my e-mail address on this form, I am consenting to receive communications related to my participation in NMPSIA's benefit program by e-mail. <input type="checkbox"/> Check this box if you do not wish to receive plan communications by e-mail.		Work Phone Number
Cell Phone Number						

2 ENROLLMENT STATUS Employee Only 2-Party (Employee + Spouse or Child) Family (Employee + 2 or more)

3 ENROLLMENT Elect your coverage offered by your employer

BASIC LIFE: The Standard (Paid in full by employer. Complete Schedule A Beneficiary Form)

MEDICAL: Blue Cross Blue Shield of NM Cigna Presbyterian Decline Medical. Reason for declining coverage: _____
 High Option Plan (Default) High Option Plan (Default) High Option Plan (Default)
 Low Option Plan Low Option Plan Low Option Plan
 EPO Option Plan

Are you eligible for Medicaid? Yes No

DENTAL: Delta Dental United Concordia Decline Dental
 High Option Plan (Default) Low Option Plan High Option Plan (Default) Low Option Plan

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
(Complete Schedule A Beneficiary Form) Spouse Life Child Life Decline Dependent Life

4 DEPENDENT INFORMATION List all dependents you wish to enroll. Indicate an A (add) or N/A (not applicable) for all names listed below.
Please provide requested information for additional dependents on separate sheet if necessary.

Med	Dntl	Visn	Add'l Life	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth (mm/dd/yyyy)	Gender	Dependent's Relationship to You	Proof of Marriage, Birth, or Court Order Attached
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No

5 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 (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. **Read reverse side before signing.**

EMPLOYEE SIGNATURE _____ DATE _____

RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR DATE OF HIRE

6 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	<input type="checkbox"/> Check only if Variable Hour Employee	List date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office
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BENEFITS SPECIALIST SIGNATURE _____ DATE _____



New Mexico Public Schools Insurance Authority

Eligibility Administrative Office: Erisa Administrative Services, Inc. • Phone: (800) 233-3164 or (505) 988-4974 • Fax: (505) 988-8943

SCHEDULE A – BENEFICIARY ASSIGNMENT

Employee Social Security Number	Employee Name	School District/Employer
Mailing Address:		Date of Birth (in mm/dd/yyyy format)

Primary Beneficiary:

(For multiple beneficiaries, distribution must equal 100% for each life benefit)

Beneficiary Name	Date of Birth (in mm/dd/yyyy format)	Relationship to the Employee	Address	Basic Life Percent	Additional Life Percent

(For multiple beneficiaries, distribution must equal 100% for each life benefit)

Secondary Beneficiary (in the event the primary beneficiary is not living at the time of the insured's death):

Beneficiary Name	Date of Birth (in mm/dd/yyyy format)	Relationship to the Employee	Address	Basic Life Percent	Additional Life Percent

STATEMENT OF MARITAL STATUS (check one)

- I AM NOT MARRIED. I understand that if I marry, it will affect my right to dispose of community property, and that I should then review my beneficiary designation.
- I AM MARRIED. My spouse is the Primary Beneficiary and/or is designated to receive 50% or more of my benefit.
- I AM MARRIED. My spouse is not the Primary Beneficiary and/or is designated to receive less than 50% of my benefit.

EMPLOYEE SIGNATURE _____

DATE: _____

Witnessed by Employer: _____

DATE: _____

IMPORTANT NOTE: Community Property Laws are applicable to employees living in New Mexico, Arizona, Texas, California, Idaho, Nevada, Washington, or Wisconsin; therefore, a spouse has property interest in insurance provided to the employee through his/her employment.

RETURN TO YOUR EMPLOYER'S BENEFIT OFFICE