



NEW MEXICO  
**LAW OFFICES OF THE  
PUBLIC DEFENDER**

Chief Public Defender  
Bennett J. Baur

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## CHECKLIST - NEW HIRE ORIENTATION BENEFITS PACKET

### INITIAL EACH LINE

- \_\_\_\_\_ New hire has read & signed the New Hire Acknowledgment Form – HR Representative provides a copy to new employee – LOPD-HR keeps original in personnel file
- \_\_\_\_\_ Directions have been provided to the State benefits website ([www.mybenefitsnm.com](http://www.mybenefitsnm.com))
- \_\_\_\_\_ Provide new hire the POP Summary sheet and POP Waiver form, if applicable
- \_\_\_\_\_ Provide new hire a copy of RMD's Privacy Policies & Procedures (HIPAA)
- \_\_\_\_\_ New hire has read & signed the Notice of Privacy Practices (HIPAA) – HR Representative keeps original in personnel file and provides a copy to employee
- \_\_\_\_\_ Schedule the employee to attend an Orientation meeting; OR if not possible due to an employee's location, explain benefits by telephone (State employees will receive health/life benefit information from [www.mybenefitsnm.com](http://www.mybenefitsnm.com) and Erisa at 1-855-6189-1800
- \_\_\_\_\_ Instruct STATE employees to enroll in benefits online at the Enrollment section at the following website: [www.mybenefitsnm.com](http://www.mybenefitsnm.com). They must click on "submit" at the end of the online enrollment to send enrollment directly to Erisa for processing. Proff of Dependency documentation must be faxed to Erisa **on the same day** as enrollment (FAXL: 505-244-6009).
- \_\_\_\_\_ STATE employees receive \$50,000 life insurance at no cost -- must complete & sign a beneficiary form which must be keep by their HR Administrator in their personnel file
- \_\_\_\_\_ STATE employees: payroll deductions will begin automatically once Erisa enters enrollment information into SHARE
- \_\_\_\_\_ Instruct employees that it is their responsibility to **regularly review their pay advices to ensure correct benefit premiums are being deducted**

\_\_\_\_\_  
PRINT Employee's Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative's Signature

\_\_\_\_\_  
Date