NEW MEXICO
LAW OFFICES OF THE
PUBLIC DEFENDER
Chief Public Defender
Bennett J. Baur

NEW HIRE ORIENTATION BENEFITS ACKNOWLEDGEMENT FORM

This memo is to advise you of certain benefits and rights that you are entitled to under the State of New Mexico Group Benefits Plan. You should read this notice carefully and, if you have any questions, please talk with:

- State Employees: talk with the Third Party Administrator, Erisa, at 1-855-618-1800
- Local Public Body (LPB) Employees: talk with your HR Representative

STATE OF NEW MEXICO EMPLOYEES:

I acknowledge receipt of the Employee Benefits Instruction Sheet.

Contact Erisa at 1-855-618-1800 for questions related to:

- Medical, Pharmacy, Dental, Vision
- Domestic Partnership Coverage for Medical/Pharmacy/Dental/Vision
- Basic/Additional (Supplemental)/Dependent Life
- Disability
- Flexible Spending Account

Contact your HR Representative for questions related to:

- Retirement (PERA/ERA)
- Retiree Health Care (RHC)
- Leave Plans (vacation, sick, donated vacation)
- Employee Assistance Plan (EAP)

I understand I have up to 31 days from the date of my hire to enroll myself and any dependents in the Benefit Plans offered to me as a participant in the State's Group Benefits Plan. Apart from life insurance, I understand that if I do not submit the enrollment form timely, I will be required to wait for the next open enrollment period or a qualifying event. I understand that I may later submit an application for life insurance but it may subject to Evidence of Insurability (EOI).

I understand the premiums payable for the Plan's benefits are based upon a full 40-hour workweek annualized salary even though I may or may not work a full 40-hour workweek.

Please note:

1. Eligible State employees are automatically covered under the State's "Basic Life Package" and the State pays 100% of the premium (this includes Basic Life and Accidental Death & Dismemberment). Employees may also choose to enroll in the Additional (Supplemental) Life and Dependent Life. This optional coverage is paid 100% by the employee.
2. You may choose the medical/dental/vision plan for single, employee + spouse/domestic partner, employee + child/children, or family coverage.

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My signature constitutes my acknowledgement that I have been informed of the enrollment and eligibility requirements of the State of New Mexico's Group Benefits Plan.

Employee Name (Printed): _____

Employee Signature: _____ Date: _____

Agency: 28000 – Law Offices of the Public Defender

HR Representative Signature: _____ Date: _____