BENEFITS & EMPLOYEE WELLNESS

RESIDENT PHYSICIAN
MEDICAL, DENTAL & VISION Enrollment / Change Form

You must submit this form to UNM's Benefits & Employee Wellness office via Secure Document Submission Upload at https://hr.unm.edu/secure-upload or fax to 505-277-2278 within 60 calendar days of your first date of benefits-eligibility or Qualifying Change in Status Event.

Benefits will be effective the first day of the month after this form is received and approved by Benefits & Employee Wellness

UNM's Benefits & Employee Wellness USE ONLY

BCAT: _____

Downloaded/Received on _____

Annualized Salary: ☐ <35 ☐ 35-50 ☐ >50

Deduction starts: _____

Benefits Rep Initials _____

Employee Information

Name (Last, First, MI)	Date of Birth	UNM Banner ID (Employee ID- 9 digits)
Address Email: _____ **Note: Your preferred email and mailing address in LoboWeb is used for Benefits enrollment records and communications. It is imperative that you review and update your demographic information in LoboWeb.**	Gender ☐ Male ☐ Female Phone Date of Hire	Marital Status ☐ Married ☐ Single ☐ I have a Domestic Partner Is your spouse a UNM Employee? (if applicable) ☐ Yes Spouse's Name:_____ UNM Banner ID:_____ ☐ No

Type of ENROLLMENT Action (See hr.unm.edu/benefits/eligibility for required documentation and eligibility details)

☐ CHANGE OR ☐ NEW ENROLLMENT	☐ CANCEL COVERAGE	☐ ADD DEPENDENT(S) List Dependent(s) Below	☐ CANCEL DEPENDENT(S) List Dependent(s) Below

Medical Plan Election	Dental Plan Election	Vision Plan Election
☐ UNM House Officer BCBS Custom PPO Plan ☐ Employee Only (Single) ☐ Family (Employee, Spouse/Domestic Partner and/or Child(ren)) ☐ **Waive Medical**	☐ Delta Dental Premier ☐ Employee Only (Single) ☐ Family (Employee, Spouse/Domestic Partner and/or Child(ren)) ☐ **Waive Dental**	☐ Vision Service Plan (VSP) ☐ Employee Only (Single) ☐ Family (Employee, Spouse/Domestic Partner and/or Child(ren)) ☐ **Waive Vision**

Dependents	Name (Last, First, MI)	Date of Birth	Gender M / F	Action: (Add or Remove)	Mark Type of Coverage for each Enrollee *You may not add a dependent who is currently enrolled in another UNM health plan (for example, Lobo Health, Presbyterian, UNM Student Health, or UNM Retiree Medical)*
Spouse				☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision
Child				☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision
Child				☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision
Child				☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision
Domestic Partner (DP)				☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision
DP Child				☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision
DP Child				☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision

Employee Certification

If you knowingly make a false statement on your Enrollment Application, or file a false claim, such application or claim may be retroactively rescinded to the date of the application or claim. Any premiums collected from the Participant for coverage that is later revoked due to a fraudulent application may be refunded to the Participant by the Plan. If a claim is paid by the Plan and it is later determined that the claim should not have been paid due to a fraudulent application or claim, the Participant may be responsible for full reimbursement of the claim amount to UNM.

I understand that my signature authorizes the University of New Mexico to make any necessary deductions from my pay through payroll deduction. I understand and accept that if I fail to pay my account the University may refer my delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on percentage, at a maximum of 40% of my delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary of the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit reporting bureaus.

* **IF UPLOADING ELECTRONICALLY TO HR'S SECURE DOCUMENT UPLOAD SITE, MY TYPED-IN NAME BELOW SERVES AS MY SIGNATURE.**
* **SIGNATURE IS REQUIRED IF PROVIDING PAPER FORM VIA FAX.**

*** Signature** _____ **Date:** _____

It is your responsibility to review your **Benefits Statement in LoboWeb** and your benefit deductions. Report any issues or discrepancies to hrbenefits@unm.edu or 277-MyHR (6947).

IMPORTANT NOTE: If you are enrolling dependents, you will be required to submit dependent verification documents.

PROOF DOCUMENTS SUBMISSION REQUIREMENTS

- If you are enrolling dependents in Medical, Dental, and/or Vision, you must provide Proof of their Eligibility to UNM's Benefits & Employee Wellness office.

Newly Benefits Eligible:

Proof of Dependent Eligibility must be provided within 31 days after this Enrollment/Change Form has been received by UNM's Benefits & Employee Wellness office:
Secure Benefits Document Upload: https://hr.unm.edu/secure-upload
OR, Fax:(505) 277-2278

Examples of proof documents required: https://hr.unm.edu/docs/benefits/open-enrollment-dependent-proof-document-requirements.pdf

Qualifying Change in Status Events:

1. *If you are enrolling dependents in Medical, Dental and/or Vision, you must provide Proof of their Eligibility to UNM's Benefits & Employee Wellness office:*

Secure Benefits Document Upload: https://hr.unm.edu/secure-upload

OR
Fax: (505) 277-2278

2. *You must also provide Proof Documents to validate the Qualifying Event.*

Examples of Qualifying Event proof documents required: https://hr.unm.edu/docs/benefits/required-qualifying-change-in-status-event-support-documentation.pdf

Proof of Dependent Eligibility must be provided within 31 days after this Form has been received by UNM's Benefits & Employee Wellness office.

For details about Qualifying Change in Status Events, go to:

https://hr.unm.edu/benefits/rp-qualifying-change-in-status

You must submit this Enrollment/Change Form to UNM's Benefits & Employee Wellness office within the designated timeline below for your newly benefits-eligible position event or your Qualifying Change in Status Event

- *Blue Cross Blue Shield House Officer PPO (medical):* ***60*** *calendar days from event date*

  Note: Special Enrollment rules apply if you initially waived medical coverage: ***60*** *calendar days from event*
  Applies only for these specific life events that result in a gain of a new dependent: birth of child, adoption, or marriage

- *Delta Dental of New Mexico:* ***60*** *calendar days from event date*
- *Vision Service Plan (VSP):* ***60*** *calendar days from event date*
- *Flexible Spending Account (FSA):* ***60*** *calendar days from event date*
- *Guardian Life/Disability:* ***Not applicable****, auto-enrolled as a new hire*