



# MEDICAL/ DENTAL/ VISION ENROLLMENT / CHANGE FORM

**BENEFIT ELECTIONS ARE EFFECTIVE THE FIRST DAY OF THE MONTH AFTER THE COMPLETED FORM IS RECEIVED AND APPROVED BY THE BENEFITS DEPARTMENT**

More information: <https://hr.unm.edu/benefits/enrollment>

### HR USE ONLY

Appt %: \_\_\_\_\_ BCAT: \_\_\_\_\_  
 Annualized Salary:  <35  35-50  >50  
 Coverage starts 1<sup>st</sup> of next month: \_\_\_\_\_  
 Deduction starts: \_\_\_\_\_

Employee Information		
Name (Last, First, MI)	Date of Birth	UNM Banner ID (Employee ID- 9 digits)
Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> I have a Domestic Partner
	Phone	
Email: _____	Date of Hire	Is your spouse a UNM Employee? (if applicable) <input type="checkbox"/> Yes Spouse's Name: _____ <input type="checkbox"/> No

**Note: Your mailing address and preferred email address in LoboWeb is used for Benefits enrollment records and communications. It is imperative that you review and update your demographic information in LoboWeb.**

Type of Action (See <a href="https://hr.unm.edu/benefits/eligibility">hr.unm.edu/benefits/eligibility</a> for required documentation and eligibility details)			
<input type="checkbox"/> <b>ENROLL</b> (documentation required, see page 2)  <input type="checkbox"/> Newly Benefit Eligible – <u>Coverage Effective First of Following Month</u> (within 60 calendar days of <b>new</b> eligibility) <input type="checkbox"/> Qualifying Life Event – (within 60 calendar days of event) <input type="checkbox"/> Return from LWOP (within 60 calendar days from return to work date. Reinstatement of prior coverage only) <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>CANCEL COVERAGE</b> (documentation required, see page 2)  <input type="checkbox"/> Qualifying Life Event - (within 60 calendar days of event) <input type="checkbox"/> LWOP -(within 60 calendar days of leave begin date) <input type="checkbox"/> Newly covered under other plan - (within 60 calendar days of effective date of other coverage) <input type="checkbox"/> Death <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>ADD DEPENDENT(S)</b> (documentation required, see page 2)  <input type="checkbox"/> Qualifying Life Event -(within 60 calendar days of event) <input type="checkbox"/> Birth of Child – (within 60 calendar days of birth) <input type="checkbox"/> Other _____  List Dependent(s) Below	<input type="checkbox"/> <b>CANCEL DEPENDENT(S)</b> (documentation required, see page 2)  <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Dependent Ineligible (age) <input type="checkbox"/> Qualifying Life Event - (within 60 calendar days of event) <input type="checkbox"/> Other _____  List Dependent(s) Below

UNM Medical Plan Third Party Administrator Election		
<input type="checkbox"/> UNM Health <input type="checkbox"/> BlueCross BlueShield of NM <input type="checkbox"/> Presbyterian Health Plan <input type="checkbox"/> <b>Waive Medical</b> <input type="checkbox"/> Employee Only (Single) <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Spouse or Domestic Partner <input type="checkbox"/> Family (Employee, Spouse/Domestic Partner, Child(ren))	<b>Dental Plan Election</b> <input type="checkbox"/> Delta Dental Premier (High) <input type="checkbox"/> Delta Dental PPO (Low) <input type="checkbox"/> <b>Waive Dental</b> <input type="checkbox"/> Employee Only (Single) <input type="checkbox"/> Employee + 1 (Double) <input type="checkbox"/> Family (Employee, Spouse/Domestic Partner, Child(ren))	<b>Vision Plan Election</b> <input type="checkbox"/> Vision Service Plan (VSP) <input type="checkbox"/> <b>Waive Vision</b> <input type="checkbox"/> Employee Only (Single) <input type="checkbox"/> Employee + 1 (Double) <input type="checkbox"/> Family (Employee, Spouse/Domestic Partner, Child(ren))

Enrollees/ Dependents	Name (Last, First, MI)	DOB	Gender M / F	Action: (Add or Remove)	Mark Type of Coverage for each Enrollee
Spouse				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Domestic Partner (DP)				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision

Employee Certification
<p>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.</p> <p>I understand that my signature authorizes the University of New Mexico to make any necessary deductions from my pay through payroll deduction.</p> <p><b>Signature</b> _____ <b>Date:</b> _____</p> <p>It is your responsibility to review your <b>Benefits Statement in LoboWeb</b> and your benefit deductions. Report any issues or discrepancies to 277-MyHR (6947).</p>

**IMPORTANT NOTE:** If you are enrolling dependents, you will be required to submit dependent verification documents. If you are making changes as a result of a Qualifying Life Event, you will be required to submit proof of event date documents.

**PLEASE SEE PAGE 2 FOR PROOF DOCUMENTS SUBMISSION REQUIREMENTS**

# PROOF DOCUMENTS SUBMISSION REQUIREMENTS

## NEWLY BENEFITS-ELIGIBLE

If enrolling dependent(s) for <b>Medical only</b>				Proof Document(s) to:	
	<i>Medical</i>	<i>Dental</i>	<i>Vision</i>	Aon	UNM
	✓			x	
If enrolling dependent(s) for <b>Dental and/or Vision only</b>				Proof Document(s) to:	
	<i>Medical</i>	<i>Dental</i>	<i>Vision</i>	Aon	UNM
		✓	✓		x
If enrolling dependent(s) in <b>ALL</b> plans				Proof Document(s) to:	
	<i>Medical</i>	<i>Dental</i>	<i>Vision</i>	Aon	UNM
	✓	✓	✓	x	

**You must submit your Election Form to the HR Service Center within 60 calendar days of when you become benefits-eligible. Coverage is effective the first day of the month after benefits elections have been received and approved by the Benefits Department.**

For detailed information and examples of proof documents, please visit the *Eligibility* webpage: <https://hr.unm.edu/benefits/eligibility>

## QUALIFYING CHANGE IN STATUS EVENTS

If enrolling dependent(s) for <b>Medical only</b>				Proof Document(s) to:	
	<i>Medical</i>	<i>Dental</i>	<i>Vision</i>	Aon	UNM
	✓			x Proof documents to validate dependent eligibility	x Supporting proof documents to validate the event (see below)
If enrolling dependent(s) for <b>Dental and/or Vision only</b>				Proof Document(s) to:	
	<i>Medical</i>	<i>Dental</i>	<i>Vision</i>	Aon	UNM
		✓	✓		x Proof documents to validate dependent eligibility AND Supporting proof documents to validate the event (see below)
For <b>ALL</b> Qualifying Change in Status Events	Proof Document(s) to:				
	UNM				
	x Supporting proof documents to <i>validate the event</i> For examples of required proof documentation, please visit: <a href="https://hr.unm.edu/benefits/qualifying-change-in-status">https://hr.unm.edu/benefits/qualifying-change-in-status</a>				

**You must submit Qualifying Change in Status election changes within 60 calendar days of the event and submit applicable supporting documentation to the HR Service Center. Changes are effective the first day of the month after Benefits elections have been received and approved by the Benefits Department.**

For detailed information, other requirements and required proof documentation, please visit the Qualifying Change in Status webpage:

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