

2026-2027 PRE-65 RETIREE OPEN ENROLLMENT INSTRUCTIONS & FORM

Please READ CAREFULLY!

The 2026-2027 Pre-65 Retiree Open Enrollment is for retirees and their covered dependents who are under the age of 65 and currently enrolled in UNM's medical and/or dental plans. If you are a pre-65 retiree with a Medicare-eligible dependent, you will be able to make changes to your dependent's medical benefits during the 2027 Medicare-eligible Retiree Open Enrollment in late October to mid-November of 2026.

No action is required if you do not want to make changes to your retiree medical and/or dental benefits in the 2026-2027 Plan Year.

The Pre-65 Open Enrollment Change Form must be completed by the retiree, signed, dated, and include all retiree and dependent information (if applicable), current address, phone number, and email address (if applicable).

All required forms must be submitted via (**CHOOSE ONE**):

UPLOAD: Secure Document Submission at <https://hr.unm.edu/secure-upload>, **FAX** to 505-277-2278, or **MAIL** to UNM's Benefits & Employee Wellness, Attn. Benefits Representative, 1700 Lomas Blvd NE, Suite 1400, MSC01 1220 Albuquerque, NM 87131

All form submissions must be date-stamped or post-marked
no later than Friday, May 22, 2026
in order for changes to be effective July 1, 2026.

HUMAN RESOURCES SUPPORT IS AVAILABLE DURING NORMAL BUSINESS HOURS,
MONDAY-FRIDAY 8 A.M. – 4:30 P.M. MOUNTAIN TIME.

IF YOU ARE NOT ENROLLED IN PRE-65 RETIREE MEDICAL AND/OR DENTAL BENEFITS OR DO NOT WANT TO MAKE CHANGES TO YOUR CURRENT PLAN(S):

No Action is required. *

IF YOU ARE ENROLLED IN A MEDICAL OR DENTAL PLAN AND WANT TO CHANGE TO A DIFFERENT PLAN:

1. Select CHANGE EXISTING MEDICAL/DENTAL PLAN and indicate to which medical or dental plan you are changing.
2. If you have dependents on your current medical/dental plan and want to keep them enrolled, complete for each dependent "Name", "DOB", "Gender" and "Mark Type of Coverage" in the Enrollees/Dependent information section of the Open Enrollment Change Form.
3. Sign, date, and submit the 2025-2026 Open Enrollment Change Form to the Benefits & Employee Wellness Office, postmarked (by MAIL) or date stamped (via UPLOAD or FAX) no later than Friday, May 22, 2026.

*If you are a retiree with life insurance benefits only, you are not eligible to add medical or dental coverage but can reduce or cancel life insurance. Please refer to instructions on page 3 of the Guide.

IF YOU ARE CANCELLING YOUR EXISTING MEDICAL OR DENTAL PLAN*:

1. Select CANCEL EXISTING MEDICAL PLAN or CANCEL EXISTING DENTAL PLAN (or both, if applicable).
2. Sign, date, and submit the 2025-2026 Open Enrollment Change Form to the Benefits & Employee Wellness Office, postmarked (by MAIL) or date stamped (via UPLOAD or FAX) no later than Friday, May 22, 2026.

IMPORTANT NOTE: If you cancel retiree medical and/or dental coverage, you may NOT enroll at a later time. Additionally, if you, as the retiree, cancel your coverage and you are covering a dependent, their coverage will be cancelled as well, regardless of their age.

IF YOU ARE ADDING A DEPENDENT TO YOUR MEDICAL AND/OR DENTAL PLAN:

1. Select ADD DEPENDENT(S).
2. Select the appropriate plan under UNM MEDICAL PLAN SELECTION and/or DENTAL PLAN SELECTION.
3. Complete the Dependent information section of the 2026-2027 Open Enrollment Change Form to include “Action” and “Mark Type of Coverage” for each Dependent.

PLEASE NOTE: Dependents MUST enroll in the same plan as the pre-65 RETIREE.

4. Sign, date, and submit the 2026-2027 Open Enrollment Change Form to the Benefits & Employee Wellness Office, postmarked (by MAIL) or date stamped (via UPLOAD or FAX) no later than Friday, May 22, 2026.

IMPORTANT NOTES:

- ***If you are adding dependents to Medical coverage, you will be required to submit proof documents to UNM Benefits & Employee Wellness to validate eligibility for coverage. Social Security Numbers (SSN) will also be requested in order to meet Affordable Care Act/IRS reporting requirements. Failure to submit proof documents may result in cancellation of dependent coverage, and you may be required to repay the total cost of healthcare plan paid claims.***
- ***If you or your eligible dependent are under age 65 and are eligible for Medicare due to disability, you/your dependent must contact the Benefits & Employee Wellness department to enroll in one of UNM’s Medicare Advantage or Medicare Supplement plans.***

IF YOU ARE DROPPING A DEPENDENT FROM YOUR MEDICAL OR DENTAL PLAN:

1. Select CANCEL DEPENDENT(S).
2. Select the appropriate plan under MEDICAL PLAN SELECTION AND/OR DENTAL PLAN SELECTION.
3. Complete the Dependent information section of the 2026-2027 Open Enrollment Change Form and include “Action” and “Mark Type of Coverage” for each dependent.
4. Sign, date, and submit the 2026-2027 Open Enrollment Change Form to the Benefits & Employee Wellness Office, postmarked (by MAIL) or date stamped (via UPLOAD or FAX) no later than Friday, May 22, 2026.



2026-2027 PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM

(Do not complete if no changes to current elections- no action is needed!)

OPEN ENROLLMENT: Wednesday, April 29 through Friday, May 22, 2026

This form and all required documents must be submitted to the UNM HR Benefits Office and postmarked (by MAIL) or date stamped (via UPLOAD or FAX) no later than May 22, 2026.

Retiree Information

Name (LAST, FIRST, MI)	Date of Birth / /	UNM Banner ID
Mailing Address _____ _____ _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Phone Number (PRIMARY) (____) _____ Current Email Address _____	

<input type="checkbox"/> CHANGE EXISTING MEDICAL/DENTAL PLAN (including currently enrolled dependents) ➤ Select Medical/Dental Plan below ➤ Complete Dependent information below, if applicable <small>NOTE: Retirees and dependents must be enrolled on the same plan</small>	<input type="checkbox"/> CANCEL* EXISTING MEDICAL PLAN <input type="checkbox"/> CANCEL * EXISTING DENTAL PLAN * <u>Cannot enroll at a later time.</u>	<input type="checkbox"/> ADD DEPENDENT(S) ➤ List dependent information below	<input type="checkbox"/> CANCEL DEPENDENT(S) ➤ List dependent Information below
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UNM Medical Plan Selection (IF CHANGING PLANS)	UNM Dental Plan Selection (IF CHANGING PLANS)
<input type="checkbox"/> UNM LoboHEALTH <input type="checkbox"/> Presbyterian Health Plan	<input type="checkbox"/> Delta Dental Premier (High) <input type="checkbox"/> Delta Dental PPO (Low)

DEPENDENTS (if enrolling or cancelling)						
	Name (LAST, FIRST, MI)	DOB	Gender M / F	Action: (Add or Cancel)	Mark Type of Coverage for each Dependent	
Spouse				<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
Domestic Partner (DP)				<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental

-- This two-page Form will not be accepted unless both pages are completed --

**2026-2027 PRE-65 RETIREE
OPEN ENROLLMENT CHANGE FORM
(CONTINUED)**

-- This two-page Form will not be accepted unless both pages are completed --

Retiree Certification

If you knowingly make a false statement on your Enrollment Application(s), 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 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.

I understand that my signature authorizes the University of New Mexico to apply any necessary benefit premium billing through payroll deductions or Bursar billing.

I understand that my signature authorizes the University of New Mexico to make the above changes effective July 1, 2026.

Signature _____ Date: _____

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Late or incomplete enrollment forms will not be processed!

Customer Service Hours

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MONDAY-FRIDAY 8 A.M. – 4:30 P.M. MOUNTAIN TIME.

Email: HRBenefits@unm.edu