



# CURRENT CALENDAR AND PRIOR FISCAL YEAR REFUND REQUEST

HOW TO SUBMIT REFUND REQUESTS

# EBB Email

Erisa is responsible for sending all refund request to the EBB email.  
Read the email to determine if the refund is a prior/current fiscal year refund.

The screenshot displays the Outlook interface. The left sidebar shows the 'Favorites' list with 'Benefits-Refunds, EBB, GSD' circled in black. The main pane shows an email from 'Katherine.Chavez2@gsd.nm.gov' with the subject '[EXTERNAL] New Refund Request-'. A yellow caution box at the top of the email body reads: 'CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.' The email content includes a greeting, a notice that an employee has submitted an enrollment form for a premium tier change effective 01/01/2023, and a request to process a refund. It also includes two asterisked notes: one directing to the Human Resources Department and another providing a link to an administrative guide. At the bottom, it specifies that HR's should forward supporting documents and completed forms to [EBB.Benefits.Refund@state.nm.us](mailto:EBB.Benefits.Refund@state.nm.us).

**Benefits-Refunds, EBB, GSD**

[EXTERNAL] New Refund Request-

**CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.**

Hello,

Employee [redacted] has submitted an enrollment form due to a qualifying event Gain of Other Coverage effective 01/01/2023. This was entered 01/13/2023. This change has resulted in a premium tier change from employee only to waive on medical, dental and vision.

Please process a refund request for the pay periods accordingly.

\*Please contact your Human Resources Department for more information on your refund.

\*Please refer to the Refund Section XV: Page 27, in the Admin Guide located at: [https://www.mybenefitsnm.com/documents/Administrative\\_Guide\\_2022\\_June\\_Final\\_v3.pdf](https://www.mybenefitsnm.com/documents/Administrative_Guide_2022_June_Final_v3.pdf)

\*HR's; **IF the refund request is for prior calendar year and/or 5 or more pay periods of the current calendar year**, please forward all supporting documents and completed refund request forms to [EBB.Benefits.Refund@state.nm.us](mailto:EBB.Benefits.Refund@state.nm.us). Upon BMD's review the documentation will be forwarded to CDD. For

-The very first thing that needs to be done is to having the employee fill out a W-9 form.

-Make sure that no work related information is on the W-9 or it will get rejected.

No work title, no work email , no work phone number.

Example of how the W-9 should look:

DO NOT SEND TO IRS - SUBMIT FORM TO REQUESTING AGENCY  
FCD-04/2021

NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION  
FINANCIAL CONTROL DIVISION  
SUBSTITUTE FORM W-9  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION

TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

**PART I: SUPPLIER INFORMATION**

1. Name: (as shown on your income tax return). Name is required; do not leave blank. **FIRST & LAST NAME**

2. Business name/disregarded entity name, if different from #1:

3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):

Individual / Sole Proprietorship / Single Member LLC  
 Partnership  
 C Corporation / S Corporation  
 Trust / Estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > \_\_\_\_\_)

Government (Local, State, Federal, Tribe)  
 Tax-Exempt organization under IRC Section 501 C  
 State of New Mexico Employee (Agency No.) \_\_\_\_\_

4. 1099 Reporting: Services provided to the State by vendor:

Health care or medical service  
 Attorney services  
 Rental of Real Property  
 Royalties  
 State of NM Appointed Board member / commissioner / committee member  
 Agency Volunteer (Agency No.)  
 DUAL Supplier & Active NM Employee  
 Other **BENEFITS REFUND**

**PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE**

1. Enter your TIN here (DO NOT USE DASHES) **9 9 9 9 9 9 9 9 9 9**

2. Taxpayer Identification Type (check appropriate box):  
 Employer ID No. (EIN)  
 Social Security No. (SSN)  
 Employee ID  
 N/A (Non-United States Business Entity)

**PART III: ADDRESS**

1. Address: (Location where payments and correspondances can be sent) (If a NM state employee, enter Agency name and Field Office Address)  
**PERSONAL HOME ADDRESS**  
Address Line #1  
Address Line #2  
Address Line #3

2. REMITTANCE, IF DIFFERENT: (location specifically used for payment that is different than address 1, if applicable)  
Address Line #1  
Address Line #2  
Address Line #3

City: **CITY YOU LIVE IN** State: **NM** Zip - 9 Digit: **Zip Code**

**PART IV: CERTIFICATION**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
- I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name: **FIRST AND LAST NAME**  
Occupation: **LEAVE BLANK-NO WORK RELATED INFO**  
Telephone Number: **Home # only**  
Signature: \_\_\_\_\_  
Email for receiving ACH advices: **PERSONAL EMAIL (ONLY)**  
Date (mm/dd/yyyy): **Today's Date**

**PART V: OPTIONAL DIRECT DEPOSIT (ACH)** **Leave Blank - We will put a check on our end.**

Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you, DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments

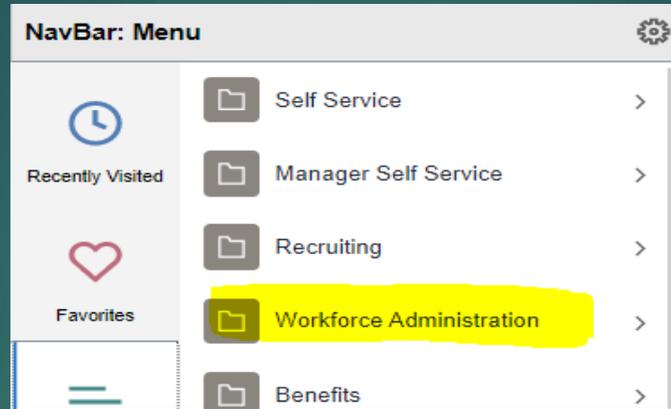
Type of Account:  Checking  Savings

I acknowledge the IAT warning and authorize the State of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

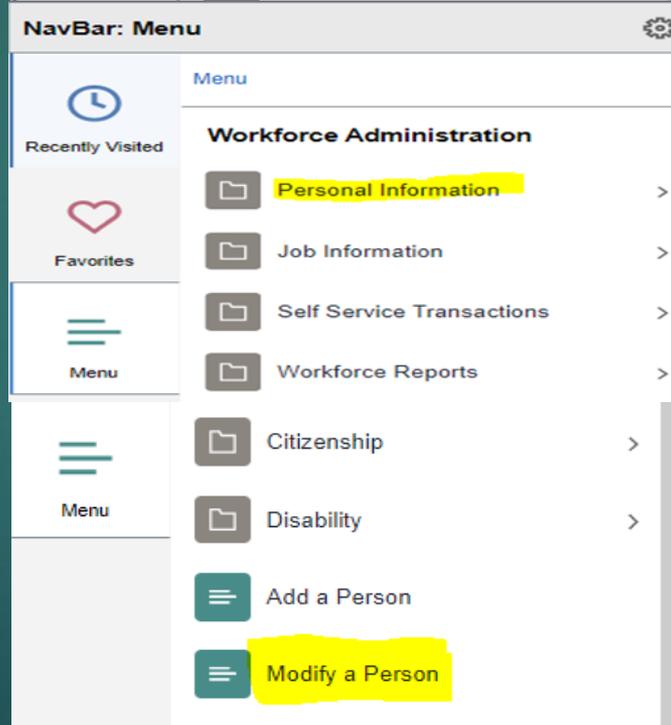
Signature: **Leave Blank**  
Printed Name: **LEAVE BLANK**

Steps to Audit W-9  
W-9 form should match the employees information in SHARE.

Step 1. Nav-Bar  
Menu



Step 2. Workforce  
Administration



Step 3. Personal  
information

Step 4. Modify a  
person

Step 5. Enter Empl ID  
or First and Last name

A screenshot of a "Personal Information" search form. The title is "Personal Information". Below the title is the instruction: "Enter any information you have and click Search. Leave fields blank for a list of all values." There are two buttons: "Find an Existing Value" and "Add a New Value". Below this is a section titled "Search Criteria" with a dropdown arrow. The search criteria include: "Empl ID" (with a dropdown set to "begins with" and a yellow-highlighted input field), "Name" (with a dropdown set to "begins with" and an empty input field), "Last Name" (with a dropdown set to "begins with" and an empty input field), "Second Last Name" (with a dropdown set to "begins with" and an empty input field), "Alternate Character Name" (with a dropdown set to "begins with" and an empty input field), and "Middle Name" (with a dropdown set to "begins with" and an empty input field). There are also checkboxes for "Include History" and "Case Sensitive". At the bottom, there are buttons for "Search", "Clear", "Basic Search", and "Save Search Criteria".

Cont,

# Biographical Details > and Contact information tabs. under modify a person.

Employee Self Service | Modify a Person

Biographical Details | Contact Information | Regional

Person ID [REDACTED]

Name [REDACTED] | 1 of 1 | View All

Effective Date: 09/10/2012  
 Format Type: English  
 Display Name: [REDACTED] | View Name

**Biographic Information**

Date of Birth: [REDACTED] | Years: [REDACTED] | Months: [REDACTED]  
 Date of Death: [REDACTED]  
 Birth Country: USA | United States  
 Birth State: [REDACTED]  
 Birth Location: [REDACTED] |  Waive Data Protection

**Biographical History**

\*Effective Date: 09/20/2008  
 \*Gender: Female  
 \*Highest Education Level: D-Some College  
 \*Marital Status: Married | As of: [REDACTED]  
 Language Code: English  
 Alternate ID: [REDACTED] |  Full-Time Student

**National ID**

1 of 1 | View All

*Country	*National ID Type	National ID	Primary ID		
USA	Social Security Number	[REDACTED]	<input checked="" type="checkbox"/>	+	-

Employee Self Service | Modify a Person

Biographical Details | Contact Information | Regional

Empl ID [REDACTED]

**Current Addresses**

1-2 of 2 | View All

Address Type	As Of Date	Status	Address		
Home	04/05/2012	A	Albuquerque, NM Bernalillo	View Address Detail	+ -
Mailing	05/03/2017	A	Albuquerque, NM Bernalillo	View Address Detail	+ -

**Phone Information**

1-2 of 2 | View All

*Phone Type	Telephone	Extension	Preferred		
Business	505-[REDACTED]		<input checked="" type="checkbox"/>	+	-
Home	505-[REDACTED]		<input type="checkbox"/>	+	-

**Email Addresses**

1-2 of 2 | View All

*Email Type	*Email Address	Preferred		
Business	[REDACTED]	<input type="checkbox"/>	+	-
Other	[REDACTED]	<input checked="" type="checkbox"/>	+	-

**Instant Message IDs**

1-1 of 1 | View All

*IM Protocol	*IM Domain	*Network ID	Preferred		
			<input type="checkbox"/>	+	-

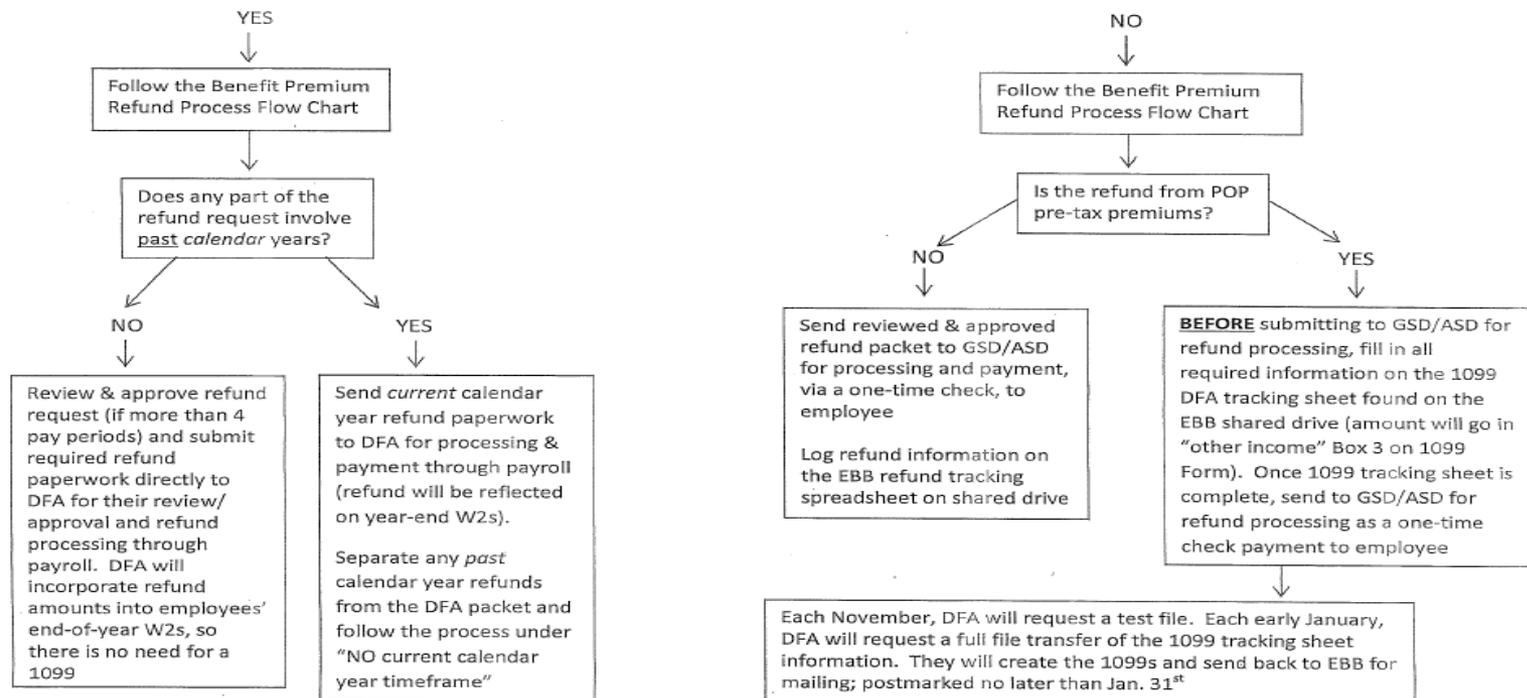
Save | Return to Search | Notify | Refresh | Add | Update/Display | Include History

# Benefit Premium Refund Flow Chart

## "Creation of 1099 Forms for Benefit Premium Refunds" – Process for Employee Benefits Bureau

**NOTE:** There is no need for 1099 forms to be created when a refund occurs in the *current* calendar year since DFA processes the refund via payroll and incorporates the refund amount into the appropriate year-end W2.

Does employee's refund request include a **current** calendar year timeframe?





Only one refund request is required per Calendar Year unless part of the Refund being requested is in a prior fiscal year (FY).

Example:

**DFA Central Payroll runs Calendar Year**

January – December

**Fiscal years runs:**

July 1, 2021 thru June 30, 2022 is fiscal year 2022 (FY22)

July 1, 2022 thru June 30, 2023 is fiscal year 2023 (FY23)

(Note: The year at the end of June will be the Fiscal Year)

Once you have determined that a prior fiscal year refund is needed. Each FISCAL YEAR (FY) should be separated for both employee and State agency refunds.

For current fiscal year refund requests you will need to use the CURRENT FISCAL YEAR REFUND REQUEST FORMS for both Employee and State agency. (unless one or the other does not need to be refunded.)

For prior fiscal year refund requests you will need the PRIOR FISCAL YEAR REFUND REQUEST FORMS.



These are your current fiscal year refund request forms. These forms will be used if you don't have any prior fiscal year refund requests.

Employee: Current Fiscal Year Request For Refund Form  
**RMD Current Fiscal Year Refund Request Form (Employee)**

Date: \_\_\_\_\_  
 From: \_\_\_\_\_ Phone: \_\_\_\_\_  
Human Resources Representative or Payroll Officer

\_\_\_\_\_  
State Agency

\_\_\_\_\_  
State Agency Address

\_\_\_\_\_  
Employee ID      \_\_\_\_\_  
Employee Name      \_\_\_\_\_  
Agency Code

Please select the benefit option to be refunded:

<input type="checkbox"/>	Administrative Fee	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>	Supplemental Life-Employee
<input type="checkbox"/>	Blue Cross Blue Shield	<input type="checkbox"/>	Dependent Life-Spouse/Domestic Partner
<input type="checkbox"/>	Cigna	<input type="checkbox"/>	Dependent Life-Child(ren)
<input type="checkbox"/>	Delta Dental	<input type="checkbox"/>	Flexible Spending Plan (FSA)
<input type="checkbox"/>	EyeMed	<input type="checkbox"/>	Other

Period: \_\_\_\_\_  
First Pay Period End Date (mm/dd/yyyy)      \_\_\_\_\_  
Last Pay Period End Date (mm/dd/yyyy)

**Employee Portion:**

SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
		<b>Total Amount:</b>	<b>0.00</b>

*In order for this request to be processed, a copy of the applicable payroll deduction screen and spreadsheet must be attached.*

**Brief Explanation of Refund Request:**

\_\_\_\_\_

EBB Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Make Warrant Payable To: \_\_\_\_\_  
 \_\_\_\_\_  
Employee Name  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
City/State/Zip Code

FOR GSD/ASD USE ONLY: A copy should be sent to ERISA without attachment

**Current Fiscal Year Request for Refund Form (State Agency)**

Date: \_\_\_\_\_  
 From: \_\_\_\_\_ Phone: \_\_\_\_\_  
Human Resources Representative or Payroll Officer

\_\_\_\_\_  
State Agency

\_\_\_\_\_  
State Agency Address

\_\_\_\_\_  
Employee ID      \_\_\_\_\_  
Employee Name      \_\_\_\_\_  
Agency Code

Period: \_\_\_\_\_  
First Pay Period affected End Date (mm/dd/yyyy)      \_\_\_\_\_  
Last Pay Period affected End Date (mm/dd/yyyy)

**Agency Portion:**

SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
		<b>Total Amount:</b>	<b>0.00</b>

*In order for this request to be processed, a copy of the applicable payroll deduction screen and spreadsheet must be attached.*

**Brief Explanation of Refund Request:**

\_\_\_\_\_

GSD policy requires the processing of refunds via Operating Transfer (OPR). Please enter the necessary financial information below for OPR processing.

Financial Agency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

BUS UNIT	FUND	DEPT	ACCT	SUB ACCT	RPT CAT	PROJECT	ACTIVITY	SOURCE TYPE	ANL TYPE	BUD REF	CLASS	FUND AFFIL	AFF	DEBIT ENTRY	CREDIT ENTRY

If your agency has an OPR exemption, please fill out the necessary warrant information below.

Make Refund Payable To: \_\_\_\_\_  
 \_\_\_\_\_  
Agency Name  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
City/State/Zip Code

EBB Approval: \_\_\_\_\_ Date: \_\_\_\_\_

-When processing your refunds you will need to include an excel spreadsheet detailing each pay period ending (PPE), with the premium amounts deducted from the employees pay advice per PPE. This will include the amount that was paid and what should have been deducted for both (Employee refund and State agency refund). The spreadsheet can be found on the DFA website under forms.

[Central Payroll Bureau | New Mexico Department of Finance and Administration \(state.nm.us\)](http://Central Payroll Bureau | New Mexico Department of Finance and Administration (state.nm.us))

-Make sure the employee did not receive a pay rate increase or move into a different tier under the benefits Bi-Weekly contribution schedule. If so you will need to adjust the spreadsheet with correct deductions and attach the correct Bi-Weekly contribution schedule.

Business Unit:		Pay Group	CLS	Deduction	<input type="checkbox"/> Check Box 1
Employee Name:		Current Date		Refund	<input type="checkbox"/> Check Box 2
Employee ID:					
EMPLOYEE REFUND					Taxable DP
PPE	Benefit Plan Type	Amount Employee Paid	that should have been paid	EMPLOYEE WILL BE REFUNDED	Mark only if Taxable Domestic Partner Refund
	PRESP				
	DELTP				
	VISNP				
	PRESP				
	DELTP				
	VISNP				
	PRESP				
	DELTP				
	VISNP				
	ADMIN				
	STDIS				
	PRESP				
	DELTP				
	VISNP				
				Total	Taxable DP
Sub Totals	PRESP	\$0.00	\$0.00	\$0.00	
	DELTP	\$0.00	\$0.00	\$0.00	
	VISNP	\$0.00	\$0.00	\$0.00	
	ADMIN	\$0.00	\$0.00	\$0.00	
	STDIS	\$0.00	\$0.00	\$0.00	
TOTAL				\$0.00	

Business Unit:		Pay Group:	Deduction:	<input type="checkbox"/> Check Box 1
Employee Name:		Current Date:	Refund:	<input type="checkbox"/> Check Box 2
Employee ID:				
STATE AGENCY REFUND				
PPE	Benefit Plan Type	Amount State Agency Paid	Amount that should have been paid	STATE AGENCY WILL BE REFUND
	PRESP			
	DELTP			
	VISNP			
	PRESP			
	DELTP			
	VISNP			
	PRESP			
	DELTP			
	VISNP			
	ADMIN			
	STDIS			
	PRESP			
	DELTP			
	VISNP			
				Total
Sub Totals	PRESP	\$0.00	\$0.00	\$0.00
	DELTP	\$0.00	\$0.00	\$0.00
	VISNP	\$0.00	\$0.00	\$0.00
	ADMIN	\$0.00	\$0.00	\$0.00
	STDIS	\$0.00	\$0.00	\$0.00
TOTAL				\$0.00

- Log into SHARE HCM > Nav-Bar > Menu > Payroll for North America > Payroll Processing USA > Review Paycheck
- Enter employee SHARE ID number and click search.
- Click on pay period end date being refunded.
- Click on paycheck deductions.

The deduction sheet should look like the example below.

Review Paycheck Page 1 of 1

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**Employee Self Service** **Review Paycheck**

Paycheck Earnings | Paycheck Taxes | Paycheck Deductions

Empl ID: [redacted] Name: [redacted]

Company: NM Pay Group: CLS Pay Period End: 11/15/2019 Page: 507 Line: 13 Separate Check

**Paycheck Information**

Paycheck Status: Confirmed Paycheck Option: Advice

Issue Date: 11/22/2019 Paycheck Number: 7652997

Off Cycle  
  Reprint  
  Adjustment  
  Corrected  
  Cashed

**Paycheck Totals**

Earnings	932.36
Taxes	62.25
Deductions	215.77
<b>Net Pay</b>	<b>654.34</b>

**Deductions** Personalize | Find | View 8 | [grid] [print] First 1-14 of 14 Last

Deduction Details 1 | Deduction Details 2 | Deduction Details 3 [active]

Deduction Code	Description	Class	Amount	Calculated Base
MEDPRE	Medical Pre Tax	Nontaxable Benefit	446.37	
PERA	PERA Retirement	Nontaxable Benefit	160.74	932.36
MEDPRE	Medical Pre Tax	Before-Tax	111.59	
PERA	PERA Retirement	Before-Tax	83.17	932.36
DENPRE	Dental Pre Tax	Nontaxable Benefit	23.86	
RETHC	Retiree Health Care	Nontaxable Benefit	18.65	932.36
RETHC	Retiree Health Care	After-Tax	9.32	932.36
DENPRE	Dental Pre Tax	Before-Tax	5.96	
DISAB	Disability	After-Tax	4.56	2,020.09
VISPRES	Vision Pre Tax	Nontaxable Benefit	4.18	
BASIC	Basic Life Insurance	Nontaxable Benefit	2.04	50,000.00
VISPRES	Vision Pre Tax	Before-Tax	1.04	
ADMIN	GSD/RMD Admin Fee	Nontaxable Benefit	0.50	
ADMIN	GSD/RMD Admin Fee	After-Tax	0.13	

**Garnishments**

**Net Pay Distribution** Personalize | Find | View All | [grid] [print] First 1 of 1 Last

Check/Advice Number	Account Type	Bank ID	Account Number	Amount
	Checking			654.34

[Return to Search](#)  
 [Previous in List](#)  
 [Next in List](#)  
 [Notify](#)

## ERISA EMAIL

Make sure the email from ERISA is included if they stated that a refund is needed to be processed for a employee and state agencies.

From: Jessica Dillon <jdillon@easitpa.com>

Sent: Friday, January 27, 2023 11:29 AM

To: PED

Cc: Benefits-Refunds, EBB, GSD <EBB.Benefits-Refund@gsd.nm.gov>; Lawrence, Crystal, GSD <Crystal.Lawrence2@gsd.nm.gov>; SONM <SONM@easitpa.com>; Sisneros, Ronald, GSD <ronald.sisneros@gsd.nm.gov>

Subject: [EXTERNAL] John Doe SHARE ID# 999999 Refund Request

**CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.**

Hello

Employee John Doe (999999) had a child turn 26 in December of 2021 and was removed from benefits 1/1/2022 however the tier did not change correctly in Share from Employee & Family to Employee & Spouse . This has been corrected yesterday 1/26/2023 from an error report from Delta Dental to reflect Employee & Spouse for Dental, and Vision effective 1/1/2022.

Please process a refund request for the difference in premiums for the pay periods accordingly for pay period ending 1/22/2022 to current.

\*Please contact your Human Resources Department for more information on your refund request.

\*Please refer to the Refund Section XV: Page 28, in the Admin Guide located at: [https://www.mybenefitsnm.com/Documents/FINAL-Benefits%20Admin%20Guide\\_Jan2015.PDF](https://www.mybenefitsnm.com/Documents/FINAL-Benefits%20Admin%20Guide_Jan2015.PDF).

\*HR's; IF the refund request is for prior calendar year and/or 5 or more pay periods of the current calendar year, please forward all supporting documents and completed refund request forms to [EBB.Benefits-Refund@state.nm.us](mailto:EBB.Benefits-Refund@state.nm.us). Upon RMD's review the documentation will be forwarded to CPD. For questions please contact 505-827-2036.

Jessica Dillon  
Erisa Administrative Services, Inc.

E-Mail: [jdillon@easitpa.com](mailto:jdillon@easitpa.com)  
Office: (505) 244-6000 ext. 109  
Tollfree: (855) 618-1800  
Fax: (505) 244-6009

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Include the Premium Contribution Schedule(s) for each specific Fiscal Year that is being refunded for both employee refund and State agency refund.

Put a check red mark on the amounts that were deducted and what should have been deducted from the payroll check per pay period ending (PPE).

**JULY 1, 2019 - JUNE 30, 2020**  
STATE OF NEW MEXICO  
BI-WEEKLY CONTRIBUTION SCHEDULE

EMPLOYEE ONLY COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Presbyterian - HMO	\$ 247.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.99	\$ 99.39	\$ 148.79		\$ 346.79
BCBS - HMO	\$ 247.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.99	\$ 99.39	\$ 148.79		\$ 346.79
BCBS - PPO	\$ 289.39	\$ 57.68	\$ 230.71	\$ 86.52	\$ 201.87	\$ 113.36	\$ 173.03		\$ 404.90
Delta Dental	\$ 24.92	\$ 2.98	\$ 11.94	\$ 4.48	\$ 10.44	\$ 5.97	\$ 8.95		\$ 20.39
Delta Vision	\$ 2.71	\$ 0.35	\$ 2.22	\$ 0.83	\$ 1.94	\$ 1.11	\$ 1.66		\$ 3.94

EMPLOYEE PLUS SPOUSE COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Presbyterian - HMO	\$ 357.94	\$ 71.59	\$ 446.37	\$ 167.39	\$ 399.57	\$ 223.18	\$ 334.78		\$ 788.36
BCBS - HMO	\$ 357.94	\$ 71.59	\$ 446.37	\$ 167.39	\$ 399.57	\$ 223.18	\$ 334.78		\$ 788.36
BCBS - PPO	\$ 448.93	\$ 89.79	\$ 519.14	\$ 194.68	\$ 454.25	\$ 259.57	\$ 389.36		\$ 908.61
Delta Dental	\$ 29.82	\$ 5.96	\$ 23.86	\$ 8.95	\$ 20.87	\$ 11.93	\$ 17.89		\$ 42.65
Delta Vision	\$ 3.22	\$ 0.52	\$ 4.38	\$ 1.57	\$ 3.65	\$ 2.09	\$ 3.13		\$ 7.67

EMPLOYEE PLUS DOMESTIC PARTNER (EMPLOYEE + SPOUSE)											
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total	Employee	State
	EE Pre	EE After	EE Pre	EE After	EE Pre	EE After					
	20%	80%	20%	70%	20%	60%					
Presbyterian - HMO	\$ 537.96	\$ 107.59	\$ 620.00	\$ 232.48	\$ 539.58	\$ 311.99	\$ 468.78		\$ 790.77	\$ 134.78	\$ 925.55
BCBS - HMO	\$ 537.96	\$ 107.59	\$ 620.00	\$ 232.48	\$ 539.58	\$ 311.99	\$ 468.78		\$ 790.77	\$ 134.78	\$ 925.55
BCBS - PPO	\$ 643.99	\$ 128.79	\$ 771.11	\$ 286.82	\$ 686.36	\$ 404.25	\$ 598.36		\$ 1002.61	\$ 168.36	\$ 1170.97
Delta Dental	\$ 29.82	\$ 5.96	\$ 23.86	\$ 8.95	\$ 20.87	\$ 11.93	\$ 17.89		\$ 42.65	\$ 7.95	\$ 50.60
Delta Vision	\$ 3.22	\$ 0.52	\$ 4.38	\$ 1.57	\$ 3.65	\$ 2.09	\$ 3.13		\$ 7.67	\$ 1.57	\$ 9.24

EMPLOYEE PLUS CHILD/CHILDREN COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Presbyterian - HMO	\$ 446.37	\$ 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82		\$ 646.37
BCBS - HMO	\$ 446.37	\$ 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82		\$ 646.37
BCBS - PPO	\$ 543.13	\$ 108.63	\$ 434.50	\$ 155.74	\$ 389.39	\$ 220.85	\$ 334.48		\$ 794.87
Delta Dental	\$ 46.31	\$ 6.86	\$ 27.45	\$ 10.29	\$ 24.02	\$ 13.72	\$ 20.59		\$ 50.58
Delta Vision	\$ 6.07	\$ 1.21	\$ 4.86	\$ 1.82	\$ 4.25	\$ 2.43	\$ 3.64		\$ 9.15

FAMILY COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Presbyterian - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 212.68	\$ 512.08	\$ 288.62	\$ 428.93		\$ 714.55
BCBS - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 212.68	\$ 512.08	\$ 288.62	\$ 428.93		\$ 714.55
BCBS - PPO	\$ 850.83	\$ 170.17	\$ 680.66	\$ 252.25	\$ 595.58	\$ 340.31	\$ 510.50		\$ 830.81
Delta Dental	\$ 44.74	\$ 8.95	\$ 35.79	\$ 14.42	\$ 31.32	\$ 17.90	\$ 26.84		\$ 65.46
Delta Vision	\$ 7.69	\$ 1.54	\$ 6.15	\$ 2.31	\$ 5.38	\$ 3.09	\$ 4.62		\$ 11.58

EMPLOYEE PLUS DOMESTIC PARTNER PLUS CHILDREN (FAMILY)											
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total	Employee	State
	EE Pre	EE After	EE Pre	EE After	EE Pre	EE After					
	20%	80%	20%	70%	20%	60%					
Presbyterian - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 212.68	\$ 512.08	\$ 288.62	\$ 428.93		\$ 714.55	\$ 134.78	\$ 849.33
BCBS - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 212.68	\$ 512.08	\$ 288.62	\$ 428.93		\$ 714.55	\$ 134.78	\$ 849.33
BCBS - PPO	\$ 850.83	\$ 170.17	\$ 680.66	\$ 252.25	\$ 595.58	\$ 340.31	\$ 510.50		\$ 830.81	\$ 168.36	\$ 999.17
Delta Dental	\$ 44.74	\$ 8.95	\$ 35.79	\$ 14.42	\$ 31.32	\$ 17.90	\$ 26.84		\$ 65.46	\$ 11.93	\$ 77.39
Delta Vision	\$ 7.69	\$ 1.54	\$ 6.15	\$ 2.31	\$ 5.38	\$ 3.09	\$ 4.62		\$ 11.58	\$ 2.09	\$ 13.67

GENERAL COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Admin. Fee	\$ 0.63	\$ 0.13	\$ 0.50	\$ 0.19	\$ 0.44	\$ 0.25	\$ 0.38		\$ 0.94
Sick Life	\$ 2.04	\$ 0.41	\$ 1.63	\$ 0.61	\$ 1.44	\$ 0.81	\$ 1.22		\$ 3.08
Disability	\$ 4.56	\$ 0.91	\$ 3.65	\$ 1.37	\$ 3.28	\$ 1.91	\$ 2.86		\$ 7.49

**JULY 1, 2022 - JUNE 30, 2023**  
STATE OF NEW MEXICO  
BI-WEEKLY CONTRIBUTION SCHEDULE

EMPLOYEE ONLY COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Presbyterian - HMO	\$ 247.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.99	\$ 99.39	\$ 148.79		\$ 346.79
BCBS - HMO	\$ 247.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.99	\$ 99.39	\$ 148.79		\$ 346.79
Delta Dental	\$ 24.92	\$ 2.98	\$ 11.94	\$ 4.48	\$ 10.44	\$ 5.97	\$ 8.95		\$ 20.39
Delta Vision	\$ 2.71	\$ 0.35	\$ 2.22	\$ 0.83	\$ 1.94	\$ 1.11	\$ 1.66		\$ 3.94

EMPLOYEE PLUS SPOUSE COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Presbyterian - HMO	\$ 357.94	\$ 71.59	\$ 446.37	\$ 167.39	\$ 399.57	\$ 223.18	\$ 334.78		\$ 788.36
BCBS - HMO	\$ 357.94	\$ 71.59	\$ 446.37	\$ 167.39	\$ 399.57	\$ 223.18	\$ 334.78		\$ 788.36
Delta Dental	\$ 29.82	\$ 5.96	\$ 23.86	\$ 8.95	\$ 20.87	\$ 11.93	\$ 17.89		\$ 42.65
Delta Vision	\$ 3.22	\$ 0.52	\$ 4.38	\$ 1.57	\$ 3.65	\$ 2.09	\$ 3.13		\$ 7.67

EMPLOYEE PLUS DOMESTIC PARTNER (EMPLOYEE + SPOUSE)											
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total	Employee	State
	EE Pre	EE After	EE Pre	EE After	EE Pre	EE After					
	20%	80%	20%	70%	20%	60%					
Presbyterian - HMO	\$ 537.96	\$ 107.59	\$ 620.00	\$ 232.48	\$ 539.58	\$ 311.99	\$ 468.78		\$ 790.77	\$ 134.78	\$ 925.55
BCBS - HMO	\$ 537.96	\$ 107.59	\$ 620.00	\$ 232.48	\$ 539.58	\$ 311.99	\$ 468.78		\$ 790.77	\$ 134.78	\$ 925.55
Delta Dental	\$ 29.82	\$ 5.96	\$ 23.86	\$ 8.95	\$ 20.87	\$ 11.93	\$ 17.89		\$ 42.65	\$ 7.95	\$ 50.60
Delta Vision	\$ 3.22	\$ 0.52	\$ 4.38	\$ 1.57	\$ 3.65	\$ 2.09	\$ 3.13		\$ 7.67	\$ 1.57	\$ 9.24

EMPLOYEE PLUS CHILD/CHILDREN COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Presbyterian - HMO	\$ 446.37	\$ 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82		\$ 646.37
BCBS - HMO	\$ 446.37	\$ 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82		\$ 646.37
Delta Dental	\$ 46.31	\$ 6.86	\$ 27.45	\$ 10.29	\$ 24.02	\$ 13.72	\$ 20.59		\$ 50.58
Delta Vision	\$ 6.07	\$ 1.21	\$ 4.86	\$ 1.82	\$ 4.25	\$ 2.43	\$ 3.64		\$ 9.15

FAMILY COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Presbyterian - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 212.68	\$ 512.08	\$ 288.62	\$ 428.93		\$ 714.55
BCBS - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 212.68	\$ 512.08	\$ 288.62	\$ 428.93		\$ 714.55
Delta Dental	\$ 44.74	\$ 8.95	\$ 35.79	\$ 14.42	\$ 31.32	\$ 17.90	\$ 26.84		\$ 65.46
Delta Vision	\$ 7.69	\$ 1.54	\$ 6.15	\$ 2.31	\$ 5.38	\$ 3.09	\$ 4.62		\$ 11.58

EMPLOYEE PLUS DOMESTIC PARTNER PLUS CHILDREN (FAMILY)											
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total	Employee	State
	EE Pre	EE After	EE Pre	EE After	EE Pre	EE After					
	20%	80%	20%	70%	20%	60%					
Presbyterian - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 212.68	\$ 512.08	\$ 288.62	\$ 428.93		\$ 714.55	\$ 134.78	\$ 849.33
BCBS - HMO	\$ 731.54	\$ 146.31	\$ 585.23	\$ 212.68	\$ 512.08	\$ 288.62	\$ 428.93		\$ 714.55	\$ 134.78	\$ 849.33
Delta Dental	\$ 44.74	\$ 8.95	\$ 35.79	\$ 14.42	\$ 31.32	\$ 17.90	\$ 26.84		\$ 65.46	\$ 11.93	\$ 77.39
Delta Vision	\$ 7.69	\$ 1.54	\$ 6.15	\$ 2.31	\$ 5.38	\$ 3.09	\$ 4.62		\$ 11.58	\$ 2.09	\$ 13.67

GENERAL COVERAGE									
GROSS RATE	Salary Less than \$50k		Salary \$50k to \$59,999		Salary \$60k and Over		Employee	State	Total
	20%	80%	20%	70%	20%	60%			
	Employee	State	Employee	State	Employee	State			
Admin. Fee	\$ 0.63	\$ 0.13	\$ 0.50	\$ 0.19	\$ 0.44	\$ 0.25	\$ 0.38		\$ 0.94
Sick Life	\$ 2.04	\$ 0.41	\$ 1.63	\$ 0.61	\$ 1.44	\$ 0.81	\$ 1.22		\$ 3.08
Disability	\$ 4.56	\$ 0.91	\$ 3.65	\$ 1.37	\$ 3.28	\$ 1.91	\$ 2.86		\$ 7.49

# All Premium Rate Sheet can be found on the [State of New Mexico | Group Benefits \(mybenefitsnm.com\)](https://www.mybenefitsnm.com)



The screenshot shows a web browser window with the URL <https://www.mybenefitsnm.com/employerResources.html>. The page header features the State of New Mexico seal and the title "STATE OF NEW MEXICO — GROUP BENEFITS PLAN". A navigation bar includes links for HOME, STAY WELL HEALTH CENTER, EMPLOYEE RESOURCES, and EMPLOYER RESOURCES. Below the navigation bar, a breadcrumb trail reads "Click to Return to: HOME / EMPLOYER INFORMATION RESOURCES". The main content area is titled "EMPLOYER INFORMATION RESOURCES" and is divided into two columns. The left column is titled "POLICIES, DOCUMENTS AND FORMS" and lists various resources such as Administrative Guide, Administrative Letters, Benefits Eligibility Acknowledgement Forms (English and Spanish), Waiving Benefits forms, COBRA Notification, RMD Refund Requests, DFA Summary Page, Disability Policy and Calculation Sheet, Domestic Partnership Form, Employee Enrollment Resources, LWOP Benefit Premium Transmittal Form, Notification to Terminate Benefits, POP Waiver Form, and Premium Rate Sheets – STATE (highlighted in yellow). The right column is titled "NOTICES, RESOURCES AND INFORMATION" and lists resources like Benefits Comparison Guides (2021 and 2022), Benefits Information, Benefit Plan Contacts, Benefits Premium Calculator, COBRA Resources Page, Disability Resources Page, Federal Medicare Part D Creditable Coverage Notices, HIPAA Privacy Notice, HR Meetings and Recordings, Newsletter Archive, SHARE Self Service Instruction Guide, and Trifold Benefits Brochure.

<https://www.mybenefitsnm.com/employerResources.html>

 **STATE OF NEW MEXICO — GROUP BENEFITS PLAN**

HOME      STAY WELL HEALTH CENTER      EMPLOYEE RESOURCES      EMPLOYER RESOURCES

Click to Return to: HOME / EMPLOYER INFORMATION RESOURCES

### EMPLOYER INFORMATION RESOURCES

<b>POLICIES, DOCUMENTS AND FORMS</b>	<b>NOTICES, RESOURCES AND INFORMATION</b>
<a href="#">Administrative Guide</a>	<a href="#">Benefits Comparison Guide 2021</a>
<a href="#">Administrative Letters</a>	<a href="#">Benefits Comparison Guide 2022</a>
<a href="#">Benefits Eligibility Acknowledgement Form (English)</a>	<a href="#">Benefits Information</a>
<a href="#">Benefits Eligibility Acknowledgement Form (Español)</a>	<a href="#">Benefit Plan Contacts</a>
<a href="#">Benefits Eligibility Acknowledgement Form - Waiving Benefits</a>	<a href="#">Benefits Premium Calculator</a>
<a href="#">Benefits Eligibility Acknowledgement Form - Waiving Benefits (Español)</a>	<a href="#">COBRA Resources Page</a>
<a href="#">COBRA Notification to Term Benefits</a>	<a href="#">Disability Resources Page</a>
<a href="#">RMD Current Year Refund Request (Employee)</a>	<a href="#">Federal Medicare Part D Creditable Coverage Notices</a>
<a href="#">RMD Current Year Refund Request (Employer)</a>	<a href="#">HIPAA Privacy Notice</a>
<a href="#">DFA Summary Page (Download)</a>	<a href="#">HR Meetings and Recordings</a>
<a href="#">Disability Policy</a>	<a href="#">Newsletter Archive</a>
<a href="#">Disability Calculation Sheet (Download)</a>	<a href="#">SHARE Self Service Instruction Guide</a>
<a href="#">Domestic Partnership Form</a>	<a href="#">Trifold Benefits Brochure</a>
<a href="#">Employee Enrollment Resources</a>	
<a href="#">LWOP Benefit Premium Transmittal Form</a>	
<a href="#">Notification to Terminate Benefits Due to Non-Payment of Premiums</a>	
<a href="#">POP Waiver Form (State)</a>	
<b><a href="#">PREMIUM RATE SHEETS – STATE</a></b>	
<a href="#">RMD Prior Calendar Year Refund Request Form (Employee)</a>	
<a href="#">RMD Prior Calendar Year Refund Request Form (Agency)</a>	
<a href="#">W-9 Form Instructions</a>	
<a href="#">W-9 New Form</a>	
<a href="#">Premium Payment OPR Transmittal</a>	

# OPR COVERSHEET

The OPR coversheet is used for AGENCY REFUND REQUEST only on current/prior calendar/fiscal year.

1. Top line is GSD financial stream.

2. The second line is the Agencies financial stream which is provided on the state agency refund form which includes the Bus unit, Fund, Dept., account code, Bud Ref, and Class code.

BUS UNIT	FUND	DEPT	ACCT	SUB ACCT	RPT CAT	PROJECT	ACTIVITY	SOURCE TYPE	ANL TYPE	BUD REF	CLASS	FUND AFFIL	AFF	DEBIT ENTRY	CREDIT ENTRY
35000	75203	6005000000	547350							122	F0000			\$2,769.52	
68000	05200	9510000000	521100							121	E0000				(\$2,769.52)

OPR Coversheet

**OPR REQUEST**  
(Monetary transactions between agencies)

**DATE** 3/22/2022

**REQUESTED BY** Supervisor's name

**APPROVED BY**

**DESCRIPTION (Reason for transfer)**  
OPR for Human Service Department Benefit premium refund for Employee Name

**BACK-UP (Required or OPR will not be processed)**  
 Invoice(s) (must indicate as "ok to pay")  
 GSD Generated Invoices - Quotes are not accepted and the invoice must be verified as outstanding.

BUS UNIT	FUND	DEPT	ACCT	SUB ACCT	RPT CAT	PROJECT	ACTIVITY	SOURCE TYPE	ANL TYPE	BUD REF	CLASS	FUND AFFIL	AFF	DEBIT ENTRY	CREDIT ENTRY
35000	75203	6005000000	547350							122	F0000			\$2,769.52	
68000	05200	9510000000	521100							121	E0000				(\$2,769.52)
														\$2,769.52	(\$2,769.52)

**ADDITIONAL INFO**

General Ledger Staff Use:

Created By \_\_\_\_\_

OPR # \_\_\_\_\_

Date to DFA \_\_\_\_\_

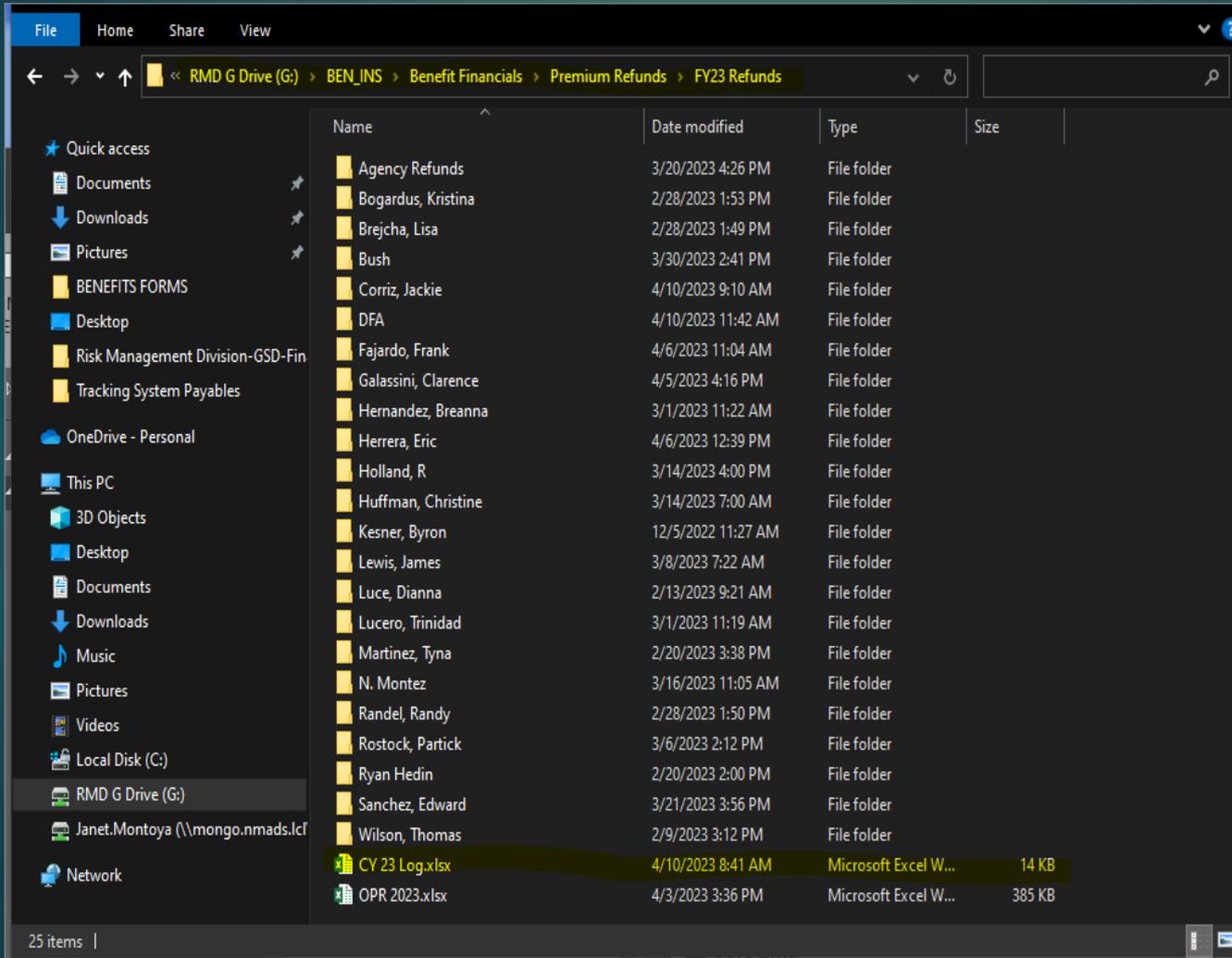
Approved by DFA \_\_\_\_\_

This is the order in which the Current calendar or Prior fiscal year (FY) refund request packet should go.

1. Cover sheets, which are the Employee and State Agency refund request forms.
2. Summary Spreadsheet
3. Review Paycheck deductions per pay period ending and refunding.
4. Email from ERISA
5. Bi-Weekly Contribution Schedule per each pay period ending in question.
6. Any odd backup that may be needed for the refund request by ASD.
7. For State agency refund request you will need the OPR cover sheet showing what fund and agency the refund needs to be refunded to. (follow the backup above)
8. Once all refunds are complete and paid save them in the G:Drive/Ben-Ins/Benefit Financials/Premium Refunds and the Fiscal year were are currently in. Make sure to log them in the log

All refunds need to be saved in the G:Drive/Ben-Ins/Benefit Financials/Premium Refunds in the fiscal year were are currently in. Make a folder with employees name and add both refund request for employee and state agency in folder.

You will also need to make sure you log them in the log which is also in the same location under CY 23 logs.



Example of how the refund packet should look like.  
Employee Refund for Current fiscal year

V # 258 297

INV#

**Employee: Current Year Request For Refund Form**  
**Current Year Refund Request Form (Employee)**

INV

**Date:** 1/26/2023  
**From:** Terese Vigil **Phone:** (505) 469-5936  
Human Resources Representative or Payroll Officer  
**Office of the State Auditor**  
State Agency  
 2540 Camino Edward Ortiz, Suite A, Santa Fe, NM 87507  
State Agency Address  
 312760 **John Doe** 30800  
Employee ID Employee Name Agency Code

Please select the benefit option to be refunded:

<input type="checkbox"/>	Administrative Fee	<input type="checkbox"/>	Disability
<input checked="" type="checkbox"/>	Presbyterian	<input type="checkbox"/>	Supplemental Life-Employee
<input type="checkbox"/>	Blue Cross Blue Shield	<input checked="" type="checkbox"/>	Dependent Life-Spouse/Domestic Partner
<input checked="" type="checkbox"/>	Delta Dental	<input type="checkbox"/>	Dependent Life-Child(ren)
<input checked="" type="checkbox"/>	EyeMed	<input type="checkbox"/>	Flexible Spending Plan (FSA)

Period: 01/06/2023 01/06/2023  
First Pay Period End Date (mm/dd/yyyy) Last Pay Period End Date (mm/dd/yyyy)

Employee Portion:

SHARE HCM Code:	PRESP	Amount:	\$85.55
SHARE HCM Code:	DELTP	Amount:	\$3.13
SHARE HCM Code:	VISNP	Amount:	\$49
SHARE HCM Code:	SPLIFE	Amount:	\$2.36
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
		<b>Total Amount:</b>	<b>\$91.53</b>

*In order for this request to be processed, a copy of the applicable payroll deduction screen and spreadsheet must be attached.*

**Brief Explanation of Refund Request:** FY2023

Employee had qualifying event and dropped spouse effective 12/19/22. This employee refund for one pay period of overpaid benefit payments.

**EBB Approval:** \_\_\_\_\_ **Date:** 01/31/2023

**Make Warrant Payable To:** \_\_\_\_\_

\_\_\_\_\_  
Employee Name  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
City/State/Zip Code

FOR GSD/ASD USE ONLY: A copy should be sent to Erisa without attachments  
 Revised 3/5/2020 G:Drive/Baislins/Forms

# Employee Summary page-Spreadsheet

Business Unit **30800** Pay Group **CLS**  
 Employee Name: **el** Current Date **1/26/2023**  
 Employee ID: \_\_\_\_\_

Deduction  Check Box 1  
 Refund  Check Box 2

Employee Share					Taxable DP
PPE	Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference	Mark only if Taxable DP
1/6/2023	PRESP	\$219.46	\$133.91	\$85.55	✓
	DELTP	\$13.42	\$10.29	\$3.13	✓
	VISNP	\$2.31	\$1.82	\$0.49	✓
	SPLIFE	\$2.36	\$0.00	\$2.36	✓

State Share			
Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference
PRESP	\$512.08	\$312.46	\$199.62
DELTP	\$31.32	\$24.02	\$7.30
VISNP	\$5.38	\$4.25	\$1.13

PRESP				
DELTP				
VISNP				

PRESP			
DELTP			
VISNP			

PRESP				
DELTP				
VISNP				
ADMIN				
STDIS				

PRESP			
DELTP			
VISNP			

PRESP				
DELTP				
VISNP				

PRESP			
DELTP			
VISNP			

Sub Totals	PRESP	DELTP	VISNP	ADMIN	STDIS	Total	Taxable DP
	\$219.46	\$13.42	\$2.31	\$2.36	\$0.00	\$85.55	
		\$10.29	\$1.82	\$0.00	\$0.00	\$3.13	
			\$0.49			\$0.49	
				\$2.36		\$2.36	
				\$0.00	\$0.00	\$0.00	

Sub Totals	PRESP	DELTP	VISNP	ADMIN	STDIS	Total
	\$512.08	\$31.32	\$5.38	\$0.00	\$0.00	\$199.62
		\$24.02	\$4.25			\$7.30
			\$1.13			\$1.13
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00

**TOTAL** **\$91.53**

**\$208.05**

# Policy Exemption

You will need to work with your CFO to get the current policy exemption form per fiscal year.

A policy exemption will need to be attached to every current year refund request.

STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND  
FINANCIAL CONTROL DIVISION  
**REQUEST FOR POLICY EXEMPTION**

Check the appropriate policy request:

New Exemption  Existing Exemption  Exemption Number FY23-014

**State the DFA/FCD policy, procedure, or memorandum from which you are requesting an exemption:**

NMSA 1978, 6-5-3 - Relating to proposed expenditures, and to Department of Finance and Administration purchase order process practices, in order to allow more timely payment of direct pass-through payments. Section 6-5-9 NMSA 1978 allows the Secretary of DFA to exempt State agencies from requirement of prior submission of purchase orders. FIN 5.2 D4 and D7, Disbursement Requirements - Balance sheet accounts The processing of payments against balance sheet accounts will be allowed in custodial fund types. Payments against balance sheet accounts in all other fund types must be approved through a policy exemption approved by the State Controller. Revenue Account Codes The processing of payments against revenue account codes will be allowed when court ordered or authorized for refunds. The payment vouchers are generated using the same revenue account code the fees were credited. Payment against revenue accounts in all fund types must be approved through a policy exemption request approved by the State Controller. FIN 4.2 Payment of Prior Year Expenditures to obtain written approval from FCD to pay prior year bills from a subsequent fiscal year's budget when the commitment is not encumbered or paid in SHARE in the correct fiscal year.

**State the exemption requested and provide a complete justification:**

GSD is requesting exemption from policy to make disbursements of refunds to employees or Local Public Bodies (LPB) when an over payment of premiums has occurred. Employee paid benefits for State and LPB's and their families are not subject to denial. The refund is for employee benefits contributions that include Medical, Pharmacy, Dental, Vision, Short Term and Long Term Disability and Life Insurance. In addition to overpayment, the request is also in accordance with Laws 2016 House Bill 43. The purchase order process requirements are more appropriate to typical operating purchases in which the purchase may be approved or denied but not in the case of employee benefit refunds. Use of the standard purchase order process creates unnecessary budget adjustment and purchase order delays, and provides no meaningful control and delays timely processing of amount owed. Balance sheet accounts, Disbursements from 251900 Unearned Revenues will be used for payments in excess of invoiced amounts and recorded to account 251900 Unearned Revenue per FIN 11.5. Payments against revenue account codes 472302, insurance premiums are for Operating Transfers between agencies where the fees were credited. Prior year approval is not applicable because the refunds are based on a calendar year request and are approved by DFA Central Payroll utilizing the refund request form.

Fund Code 75200 and 56100 Business Unit 35000 Department GSD

Date Exemption Requested for: 7/1/2022-06/30/2023

Signed by Requesting Authority:  Date: 6/22/22  
(Cabinet Secretary/Agency Director)

For FCD Use Only

Approved by: Donna M. Trujillo Digitally signed by Donna M. Trujillo Date: 2022.07.05 13:52:50 -06'00'  
(Financial Control Division Director) Date: \_\_\_\_\_

Expiration Date: June 30, 2023

# PAY ADVICE

Make sure you print every pay advices under review paycheck and check mark or highlight the amount being refunded.

Empl ID		Name		Page 60		Line 11																																																																																	
Company	NM	Pay Group	CLS	Pay Period End	01/06/2023																																																																																		
<b>Paycheck Information</b>				<b>Paycheck Totals</b>																																																																																			
Paycheck Status	Confirmed	Paycheck Option	Advice	Earnings	2,171.69																																																																																		
Issue Date	01/13/2023	Paycheck Number	9435618	Taxes	317.88																																																																																		
Off Cycle	Reprint	Adjustment	Corrected	Deductions	522.93																																																																																		
			Cashed	Net Pay	1,330.88																																																																																		
Deductions <table border="1"> <thead> <tr> <th>Deduction Code</th> <th>Description</th> <th>Class</th> <th>Amount</th> <th>Calculation</th> </tr> </thead> <tbody> <tr> <td>DENPRE</td> <td>Dental Pre Tax</td> <td>Before-Tax</td> <td>13.42</td> <td></td> </tr> <tr> <td>DENPRE</td> <td>Dental Pre Tax</td> <td>Non-taxable Benefit</td> <td>31.32</td> <td></td> </tr> <tr> <td>DEPLIF</td> <td>Dependent Term Life</td> <td>After-Tax</td> <td>0.46</td> <td></td> </tr> <tr> <td>DISAB</td> <td>Disability</td> <td>After-Tax</td> <td>4.58</td> <td></td> </tr> <tr> <td>MEDPRE</td> <td>Medical Pre Tax</td> <td>Before-Tax</td> <td>219.46</td> <td></td> </tr> <tr> <td>MEDPRE</td> <td>Medical Pre Tax</td> <td>Non-taxable Benefit</td> <td>512.08</td> <td></td> </tr> <tr> <td>NMDEF</td> <td>New Mexico Tax Deferred</td> <td>Before-Tax</td> <td>10.00</td> <td></td> </tr> <tr> <td>PERA</td> <td>PERA Retirement</td> <td>Before-Tax</td> <td>226.29</td> <td></td> </tr> <tr> <td>PERA</td> <td>PERA Retirement</td> <td>Non-taxable Benefit</td> <td>403.67</td> <td></td> </tr> <tr> <td>RETHC</td> <td>Retiree Health Care</td> <td>After-Tax</td> <td>21.72</td> <td></td> </tr> <tr> <td>RETHC</td> <td>Retiree Health Care</td> <td>Non-taxable Benefit</td> <td>43.43</td> <td></td> </tr> <tr> <td>SPLIFE</td> <td>Spouse/DP Life</td> <td>After-Tax</td> <td>2.98</td> <td></td> </tr> <tr> <td>SUPLIF</td> <td>Supplemental Term Life</td> <td>After-Tax</td> <td>20.16</td> <td></td> </tr> <tr> <td>VISPRE</td> <td>Vision Pre Tax</td> <td>Before-Tax</td> <td>2.31</td> <td></td> </tr> <tr> <td>VISPRE</td> <td>Vision Pre Tax</td> <td>Non-taxable Benefit</td> <td>5.38</td> <td></td> </tr> </tbody> </table>								Deduction Code	Description	Class	Amount	Calculation	DENPRE	Dental Pre Tax	Before-Tax	13.42		DENPRE	Dental Pre Tax	Non-taxable Benefit	31.32		DEPLIF	Dependent Term Life	After-Tax	0.46		DISAB	Disability	After-Tax	4.58		MEDPRE	Medical Pre Tax	Before-Tax	219.46		MEDPRE	Medical Pre Tax	Non-taxable Benefit	512.08		NMDEF	New Mexico Tax Deferred	Before-Tax	10.00		PERA	PERA Retirement	Before-Tax	226.29		PERA	PERA Retirement	Non-taxable Benefit	403.67		RETHC	Retiree Health Care	After-Tax	21.72		RETHC	Retiree Health Care	Non-taxable Benefit	43.43		SPLIFE	Spouse/DP Life	After-Tax	2.98		SUPLIF	Supplemental Term Life	After-Tax	20.16		VISPRE	Vision Pre Tax	Before-Tax	2.31		VISPRE	Vision Pre Tax	Non-taxable Benefit	5.38	
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## ERISA EMAIL

Add after the pay advices.

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

Hello,

Employee submitted an enrollment form dated 1/29/24 dropping her spouse's benefits due to death effective 1/10/24. This was entered today.

This resulted in a tier change from empl/spouse to single. He was also removed from spouse life insurance.

Please process a refund for the pay period(s) accordingly.

\*Employee, contact your Human Resources Department for more information on your refund.

\*Refer to the Refund Section XV: Page 27, in the Admin Guide located at: [https://www.mybenefitsnm.com/documents/Administrative\\_Guide\\_2022\\_June\\_Final\\_v3.pdf](https://www.mybenefitsnm.com/documents/Administrative_Guide_2022_June_Final_v3.pdf)

\*HRs: IF the refund request is for prior calendar year and/or 5 or more pay periods of the current calendar year, please forward all supporting documents and completed refund request forms to [EBB\\_Benefits-Refund@state.nm.us](mailto:EBB_Benefits-Refund@state.nm.us). Upon RMD's review, the documentation will be forwarded to CPD. For questions, please contact 505-827-2036.

Thank you,

Erisa Administrative Services, Inc.

email: [jross@easitpa.com](mailto:jross@easitpa.com)  
office: (505) 244-6000 x113  
tollfree: (855) 618-1800  
fax: (505) 244-6009  
hours: M-F | 8-5

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original e-mail.

# Bi-Weekly Contribution Schedule

Attach to show what was deducted and what should have been deducted. Make sure to highlight or check mark next to the amount.

Make sure you are using the correct bi-weekly contribution schedule for year needing the refund.

**JULY 1, 2022 - JUNE 30, 2023**  
STATE OF NEW MEXICO  
BI-WEEKLY CONTRIBUTION SCHEDULE

EMPLOYEE ONLY COVERAGE									
GROSS RATE	Salary Less than \$50K			Salary \$50K to \$59,999K			Salary \$60K and Over		
	Employee	State	Rate	Employee	State	Rate	Employee	State	Rate
	2025	80%	20%	30%	20%	40%	60%	60%	60%
Presbyterian- HMO	\$ 242.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.59	\$ 99.19	\$ 148.79	\$ 99.19	\$ 148.79
BCBS - HMO	\$ 242.98	\$ 49.60	\$ 198.38	\$ 74.39	\$ 173.59	\$ 99.19	\$ 148.79	\$ 99.19	\$ 148.79
Cigna-HMO	\$ 245.50	\$ 49.10	\$ 196.40	\$ 73.65	\$ 171.85	\$ 98.20	\$ 147.80	\$ 98.20	\$ 147.80
BCBS - PPO	\$ 288.39	\$ 57.68	\$ 230.71	\$ 86.52	\$ 203.87	\$ 115.36	\$ 179.03	\$ 115.36	\$ 179.03
Cigna-PPO	\$ 285.53	\$ 57.10	\$ 228.43	\$ 85.45	\$ 199.86	\$ 114.20	\$ 171.31	\$ 114.20	\$ 171.31
Delta Dental	\$ 14.92	\$ 2.96	\$ 11.94	\$ 4.48	\$ 10.44	\$ 5.97	\$ 8.95	\$ 5.97	\$ 8.95
EyeMed	\$ 2.77	\$ 0.55	\$ 2.22	\$ 0.83	\$ 1.94	\$ 1.11	\$ 1.66	\$ 1.11	\$ 1.66

EMPLOYEE PLUS SPOUSE COVERAGE									
GROSS RATE	Salary Less than \$50K			Salary \$50K to \$59,999K			Salary \$60K and Over		
	Employee	State	Rate	Employee	State	Rate	Employee	State	Rate
	2025	80%	20%	30%	20%	40%	60%	60%	60%
Presbyterian- HMO	\$ 557.96	\$ 111.59	\$ 446.37	\$ 167.39	\$ 390.57	\$ 223.18	\$ 334.78	\$ 223.18	\$ 334.78
BCBS - HMO	\$ 557.96	\$ 111.59	\$ 446.37	\$ 167.39	\$ 390.57	\$ 223.18	\$ 334.78	\$ 223.18	\$ 334.78
Cigna-HMO	\$ 552.38	\$ 110.48	\$ 441.90	\$ 165.71	\$ 386.67	\$ 220.95	\$ 331.43	\$ 220.95	\$ 331.43
BCBS - PPO	\$ 648.83	\$ 129.79	\$ 519.04	\$ 194.68	\$ 454.25	\$ 259.57	\$ 389.36	\$ 259.57	\$ 389.36
Cigna-PPO	\$ 642.44	\$ 128.49	\$ 513.95	\$ 192.73	\$ 449.71	\$ 256.98	\$ 385.46	\$ 256.98	\$ 385.46
Delta Dental	\$ 29.82	\$ 5.96	\$ 23.86	\$ 8.95	\$ 20.87	\$ 11.93	\$ 17.89	\$ 11.93	\$ 17.89
EyeMed	\$ 5.23	\$ 1.04	\$ 4.19	\$ 1.57	\$ 3.65	\$ 2.09	\$ 3.13	\$ 2.09	\$ 3.13

EMPLOYEE PLUS DOMESTIC PARTNER/EMPLOYEE + SPOUSE										
GROSS RATE	Salary Less than \$50K			Salary \$50K to \$59,999K			Salary \$60K and Over			
	EE Pre	EE After	State	EE Pre	EE After	State	EE Pre	EE After	State	
	2025	80%	20%	30%	20%	40%	60%	60%	60%	
Presbyterian- HMO	\$ 557.96	\$ 49.59	\$ 62.00	\$ 446.37	\$ 74.40	\$ 92.99	\$ 390.57	\$ 99.19	\$ 123.99	\$ 334.78
BCBS - HMO	\$ 557.96	\$ 49.59	\$ 62.00	\$ 446.37	\$ 74.40	\$ 92.99	\$ 390.57	\$ 99.19	\$ 123.99	\$ 334.78
Cigna-HMO	\$ 562.38	\$ 49.10	\$ 61.98	\$ 441.90	\$ 73.65	\$ 92.06	\$ 386.67	\$ 98.20	\$ 122.75	\$ 331.43
BCBS - PPO	\$ 648.93	\$ 57.68	\$ 71.13	\$ 519.04	\$ 86.52	\$ 108.16	\$ 454.25	\$ 115.36	\$ 144.21	\$ 389.36
Cigna-PPO	\$ 642.44	\$ 57.10	\$ 71.39	\$ 513.95	\$ 85.45	\$ 107.08	\$ 449.71	\$ 114.21	\$ 142.77	\$ 385.46
Delta Dental	\$ 29.82	\$ 2.98	\$ 2.98	\$ 23.88	\$ 4.48	\$ 4.47	\$ 20.87	\$ 5.97	\$ 5.96	\$ 17.89
EyeMed	\$ 5.23	\$ 0.55	\$ 0.48	\$ 4.19	\$ 0.83	\$ 0.74	\$ 3.65	\$ 1.11	\$ 0.98	\$ 3.13

EMPLOYEE PLUS CHILD/CHILDREN COVERAGE									
GROSS RATE	Salary Less than \$50K			Salary \$50K to \$59,999K			Salary \$60K and Over		
	Employee	State	Rate	Employee	State	Rate	Employee	State	Rate
	2025	80%	20%	30%	20%	40%	60%	60%	60%
Presbyterian- HMO	\$ 446.37	\$ 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82	\$ 178.55	\$ 267.82
BCBS - HMO	\$ 446.37	\$ 89.27	\$ 357.10	\$ 133.91	\$ 312.46	\$ 178.55	\$ 267.82	\$ 178.55	\$ 267.82
Cigna-HMO	\$ 441.91	\$ 88.38	\$ 353.53	\$ 132.97	\$ 309.94	\$ 176.76	\$ 265.15	\$ 176.76	\$ 265.15
BCBS - PPO	\$ 519.13	\$ 103.83	\$ 415.30	\$ 159.74	\$ 368.30	\$ 207.65	\$ 311.48	\$ 207.65	\$ 311.48
Cigna-PPO	\$ 513.94	\$ 102.29	\$ 411.65	\$ 157.18	\$ 359.26	\$ 205.58	\$ 308.35	\$ 205.58	\$ 308.35
Delta Dental	\$ 6.07	\$ 1.21	\$ 2.45	\$ 2.45	\$ 2.45	\$ 2.45	\$ 2.45	\$ 2.45	\$ 2.45
EyeMed	\$ 6.07	\$ 1.21	\$ 2.45	\$ 2.45	\$ 2.45	\$ 2.45	\$ 2.45	\$ 2.45	\$ 2.45

FAMILY COVERAGE									
GROSS RATE	Salary Less than \$50K			Salary \$50K to \$59,999K			Salary \$60K and Over		
	Employee	State	Rate	Employee	State	Rate	Employee	State	Rate
	2025	80%	20%	30%	20%	40%	60%	60%	60%
Presbyterian- HMO	\$ 721.54	\$ 146.31	\$ 585.23	\$ 219.46	\$ 512.08	\$ 292.62	\$ 438.92	\$ 292.62	\$ 438.92
BCBS - HMO	\$ 721.54	\$ 146.31	\$ 585.23	\$ 219.46	\$ 512.08	\$ 292.62	\$ 438.92	\$ 292.62	\$ 438.92
Cigna-HMO	\$ 724.22	\$ 144.84	\$ 579.38	\$ 217.27	\$ 506.95	\$ 289.69	\$ 434.53	\$ 289.69	\$ 434.53
BCBS - PPO	\$ 850.83	\$ 170.17	\$ 680.66	\$ 259.25	\$ 595.58	\$ 340.33	\$ 510.90	\$ 340.33	\$ 510.90
Cigna-PPO	\$ 842.32	\$ 168.46	\$ 673.86	\$ 257.70	\$ 589.12	\$ 336.93	\$ 505.39	\$ 336.93	\$ 505.39
Delta Dental	\$ 44.74	\$ 8.95	\$ 35.79	\$ 13.42	\$ 31.32	\$ 17.90	\$ 26.84	\$ 17.90	\$ 26.84
EyeMed	\$ 7.69	\$ 1.54	\$ 6.15	\$ 2.31	\$ 5.38	\$ 3.08	\$ 4.62	\$ 3.08	\$ 4.62

EMPLOYEE PLUS DOMESTIC PARTNER PLUS CHILDREN/FAMILY										
GROSS RATE	Salary Less than \$50K			Salary \$50K to \$59,999K			Salary \$60K and Over			
	EE Pre	EE After	State	EE Pre	EE After	State	EE Pre	EE After	State	
	2025	80%	20%	30%	20%	40%	60%	60%	60%	
Presbyterian- HMO	\$ 721.54	\$ 84.51	\$ 637.03	\$ 585.23	\$ 126.47	\$ 92.99	\$ 512.08	\$ 168.62	\$ 123.99	\$ 438.92
BCBS - HMO	\$ 721.54	\$ 84.51	\$ 637.03	\$ 585.23	\$ 126.47	\$ 92.99	\$ 512.08	\$ 168.62	\$ 123.99	\$ 438.92
Cigna-HMO	\$ 724.22	\$ 83.47	\$ 640.75	\$ 579.38	\$ 125.21	\$ 92.06	\$ 506.95	\$ 166.94	\$ 122.75	\$ 434.53
BCBS - PPO	\$ 850.83	\$ 98.06	\$ 752.77	\$ 680.66	\$ 147.09	\$ 108.16	\$ 595.58	\$ 196.12	\$ 144.21	\$ 510.90
Cigna-PPO	\$ 842.32	\$ 97.07	\$ 745.25	\$ 673.86	\$ 145.44	\$ 107.08	\$ 589.12	\$ 194.16	\$ 142.77	\$ 505.39
Delta Dental	\$ 44.74	\$ 5.97	\$ 2.98	\$ 35.79	\$ 8.95	\$ 4.47	\$ 31.32	\$ 11.94	\$ 5.96	\$ 26.84
EyeMed	\$ 7.69	\$ 1.05	\$ 0.49	\$ 6.15	\$ 1.57	\$ 0.74	\$ 5.38	\$ 2.09	\$ 0.98	\$ 4.62

GENERAL COVERAGE									
GROSS RATE	Salary Less than \$50K			Salary \$50K to \$59,999K			Salary \$60K and Over		
	Employee	State	Rate	Employee	State	Rate	Employee	State	Rate
	2025	80%	20%	30%	20%	40%	60%	60%	60%
Admin. Fee	\$ 0.63	\$ 0.13	\$ 0.50	\$ -	\$ 0.19	\$ 0.44	\$ -	\$ 0.25	\$ 0.38
Basic Use	\$ 2.04	\$ -	\$ 2.04	\$ -	\$ -	\$ 2.04	\$ -	\$ -	\$ 2.04
Disability	\$ 4.56	\$ 4.56	\$ -	\$ 4.56	\$ -	\$ -	\$ 4.56	\$ -	\$ -



# State Agency Refund Form Current Year

Human Resources agent will have to work with their finance department to get the correct bus unit, fund code, dept. code, bud ref, and class code.

## Current Calendar Year Request for Refund Form (Agency)

Date: 1/28/2023

From: Terese Vigil Phone: (505) 469-5936  
 Human Resources Representative or Payroll Officer

Office of the State Auditor  
 State Agency  
2540 Camino Edward Ortiz, Suite A, Santa Fe, NM 87507  
 State Agency Address

Employee ID: \_\_\_\_\_ Employee Name: \_\_\_\_\_ Agency Code: 30800

Period: 01/06/2023 to 01/06/2023  
 First Pay Period affected End Date (mm/dd/yyyy) Last Pay Period affected End Date (mm/dd/yyyy)

**Agency Portion:**

SHARE HCM Code:	<u>PRES</u>	Amount:	<u>199.62</u>
SHARE HCM Code:	<u>DELT</u>	Amount:	<u>7.30</u>
SHARE HCM Code:	<u>VISN</u>	Amount:	<u>1.13</u>
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
		<b>Total Amount:</b>	<b><u>208.05</u></b>

*In order for this request to be processed, a copy of the applicable payroll deduction screen and spreadsheet must be attached.*

**Brief Explanation of Refund Request:**

Employee had qualifying event and dropped spouse effective 12/19/22. This is to refund OSA for PPE 01/06/2023 of overpaid benefit payments.

GSD policy requires the processing of refunds via Operating Transfer (OPR). Please enter the necessary financial information below for OPR processing.

Financial Agency Contact: Laura Montoya Phone Number: (505) 476-3804

BUS UNIT	FUND	DEPT	ACCT	SUB ACCT	RPT CAT	PROJECT	ACTIVITY	SOURCE TYPE	ANL TYPE	BUD REF	CLASS	FUND AFFIL	AFF	DEBIT ENTRY	CREDIT ENTRY
30800	11100	0203000000	520000							123	G0000				208.05

If your agency has an OPR exemption, please fill out the necessary warrant information below.

Make Refund Payable To: \_\_\_\_\_  
 Agency Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City/State/Zip Code

EBB Approval: \_\_\_\_\_ Date: 1/31/23

# State Agency Summary page-Spreadsheet

Business Unit **30800**  
 Employee Name: \_\_\_\_\_  
 Employee ID: \_\_\_\_\_

Pay Group **CLS**  
 Current Date **1/26/2023**

Deduction  Check Box 1  
 Refund  Check Box 2

Employee Share					Taxable DP
PPE	Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference	Mark only if Taxable DP
1/6/2023	PRESP	\$219.46	\$133.91	\$85.55	
	DELTP	\$13.42	\$10.29	\$3.13	
	VISNP	\$2.31	\$1.82	\$0.49	
	SPLIFE	\$2.36	\$0.00	\$2.36	

State Share				
Benefit Plan Type	Amount Paid	Amount that should have been paid	Difference	
PRESP	\$512.08	\$312.46	\$199.62	
DELTP	\$31.32	\$24.02	\$7.30	
VISNP	\$5.38	\$4.25	\$1.13	

PRESP				
DELTP				
VISNP				

PRESP				
DELTP				
VISNP				

PRESP				
DELTP				
VISNP				
ADMIN				
STDIS				

PRESP				
DELTP				
VISNP				

PRESP				
DELTP				
VISNP				

PRESP				
DELTP				
VISNP				

				Total	Taxable DP
Sub Totals	PRESP	\$219.46	\$133.91	\$85.55	
	DELTP	\$13.42	\$10.29	\$3.13	
	VISNP	\$2.31	\$1.82	\$0.49	
	ADMIN	\$2.36	\$0.00	\$2.36	
	STDIS	\$0.00	\$0.00	\$0.00	

			Total
PRESP	\$512.08	\$312.46	\$199.62
DELTP	\$31.32	\$24.02	\$7.30
VISNP	\$5.38	\$4.25	\$1.13
ADMIN	\$0.00	\$0.00	\$0.00
STDIS	\$0.00	\$0.00	\$0.00

**TOTAL** \$91.53

\$208.05

# Policy Exemption

You will need to work with your CFO to get the current policy exemption form per fiscal year.

A policy exemption will need to be attached to every current year refund request

STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND  
FINANCIAL CONTROL DIVISION  
REQUEST FOR POLICY EXEMPTION

Check the appropriate policy request:

New Exemption  Existing Exemption  Exemption Number FY23-014

State the DFA/FCD policy, procedure, or memorandum from which you are requesting an exemption:

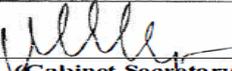
NMSA 1978, 6-5-3 - Relating to proposed expenditures, and to Department of Finance and Administration purchase order process practices, in order to allow more timely payment of direct pass-through payments. Section 6-5-9 NMSA 1978 allows the Secretary of DFA to exempt State agencies from requirement of prior submission of purchase orders. FIN 5.2 D4 and D7, Disbursement Requirements - Balance sheet accounts - The processing of payments against balance sheet accounts will be allowed in custodial fund types. Payments against balance sheet accounts in all other fund types must be approved through a policy exemption approved by the State Controller. Revenue Account Codes The processing of payments against revenue account codes will be allowed when court ordered or authorized for refunds. The payment vouchers are generated using the same revenue account code the fees were credited. Payment against revenue accounts in all fund types must be approved through a policy exemption request approved by the State Controller. FIN 4.2 Payment of Prior Year Expenditures to obtain written approval from FCD to pay prior year bills from a subsequent fiscal year's budget when the commitment is not encumbered or paid in SHARE in the correct fiscal year.

State the exemption requested and provide a complete justification:

GSD is requesting exemption from policy to make disbursements of refunds to employees or Local Public Bodies (LPB) when an over payment of premiums has occurred. Employees paid benefits for State and LPB's and their families are not subject to denial. The refund is for employee benefits contributions that include Medical, Pharmacy, Dental, Vision, Short Term and Long Term Disability and Life Insurance. In addition to overpayment, the request is also in accordance with Laws 2016 House Bill 43. The purchase order process requirements are more appropriate to typical operating purchases in which the purchase may be approved or denied but not in the case of employee benefit refunds. Use of the standard purchase order process creates unnecessary budget adjustment and purchase order delays, and provides no meaningful control and delays timely processing of amount owed. Balance sheet accounts, Disbursements from 251900 Unearned Revenues will be used for payments in excess of invoiced amounts and ecored to account 251900 Unearned Revenue per FIN 11.5. Payments against revenue account codes 472302, insurance premiums are for Operating Transfers between agencies where the fees were credited. Prior year approval is not applicable because the refunds are based on a calendar year request and are approved by DFA Central Payroll utilizing the refund request form.

Fund Code 75200 and 56100 Business Unit 35000 Department GSD

Date Exemption Requested for: 7/1/2022-06/30/2023

Signed by Requesting Authority:  Date: 6/22/22  
(Cabinet Secretary/Agency Director)

For FCD Use Only

Approved by: Donna M. Trujillo Digitally signed by Donna M. Trujillo  
Date: 2022.07.05 13:52:50 -06'00' Date: \_\_\_\_\_  
(Financial Control Division Director)

Expiration Date: June 30, 2023

# PAY ADVICE

Make sure you print every pay advices under review paycheck and check mark or highlight the amount being refunded.

State deductions are non taxable Benefits.

Paycheck Information		Paycheck Totals	
Empl ID 312760	Name	Earnings	2,171.89
Company NM	Pay Group CLS	Taxes	317.88
	Pay Period End 01/06/2023	Deductions	522.93
	Page 60	Net Pay	1,330.88
	Line 11		
Paycheck Status Confirmed	Paycheck Option Advice		
Issue Date 01/13/2023	Paycheck Number 0435618		
Off Cycle	Reprint		
	Adjustment		
	Corrected		
	Cashed		

Deductions			
Deduction Code	Description	Class	Amount
DENPRE	Dental Pre Tax	Before-Tax	13.42
DENPRE	Dental Pre Tax	Non-taxable Benefit	31.32
DEPLIF	Dependent Term Life	After-Tax	0.46
DISAS	Disability	After-Tax	4.56
MEDPRE	Medical Pre Tax	Before-Tax	219.46
MEDPRE	Medical Pre Tax	Non-taxable Benefit	512.08
NMDEF	New Mexico Tax Deferred	Before-Tax	10.00
PERA	PERA Retirement	Before-Tax	226.29
PERA	PERA Retirement	Non-taxable Benefit	409.97
RETHC	Retiree Health Care	After-Tax	21.72
RETHC	Retiree Health Care	Non-taxable Benefit	43.43
SPLIFE	Spouse/DP Life	After-Tax	2.36
SUPLIF	Supplemental Term Life	After-Tax	20.16
VISPRE	Vision Pre Tax	Before-Tax	2.31
VISPRE	Vision Pre Tax	Non-taxable Benefit	5.33

## ERISA EMAIL

Add after the pay advices.

**From:** Yamilet Lopez  
**To:** Terese Viol  
**Cc:** ~~Lawrence, Crystal\_GSD; Sigueros, Ronald\_GSD; "Benefits-Refunds, EBB\_GSD"; "Chavez, Katherine\_GSD"~~  
**Subject:** New Refund Request- ~~Employee name~~ and Share ID #  
**Date:** Thursday, January 19, 2023 4:02:33 PM

---

Hello,

Employee has submitted an enrollment form due to a **qualifying event** Change of Marital Status effective **12/19/2022**. This was **entered 01/19/2023**. This change has resulted in a **premium tier change from family to employee and children on medical, dental and vision**.

Please process a refund request for the pay periods accordingly. Please also process a refund for Spousal Life.

\*Please contact your Human Resources Department for more information on your refund.

\*Please refer to the Refund Section XV: Page 27, in the Admin Guide located at:  
[https://www.mybenefitsnm.com/documents/Administrative\\_Guide\\_2022\\_June\\_Final\\_v3.pdf](https://www.mybenefitsnm.com/documents/Administrative_Guide_2022_June_Final_v3.pdf)

\***HR's; IF** the refund request is for prior calendar year and/or 5 or more pay periods of the current calendar year, please forward all supporting documents and completed refund request forms to [EBB.Benefits-Refund@state.nm.us](mailto:EBB.Benefits-Refund@state.nm.us). Upon RMD's review the documentation will be forwarded to CPD. For questions please contact 505-827-2036.

Thank you,

*Yamilet Lopez*

**Erisa Administrative Services, Inc.**  
E-Mail: [ylopez@easitpa.com](mailto:ylopez@easitpa.com)  
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# CHECK LIST

## EBB Benefits Premium Refund Checklist

Link to all the forms: [State of New Mexico | Group Benefits \(mybenefitsnm.com\)](https://www.mybenefitsnm.com)

<p><b>DFA</b> Calendar Year (January 1st through December 31st)</p>	<p><b>Current Calendar Year process:</b></p> <p>Submit required refund paperwork directly to <i>DFA for their review/approval and refund processing through payroll.</i></p> <p><b>Final Instructions:</b> The person requesting, reviewing and approving this form cannot be recipients of the request. Requester and approver may not be the same person. Forms and supporting documentation must be submitted by 5:00 PM on Thursday Pay Period End to Central Payroll at <a href="mailto:DFA-CentralPayrollForms@state.nm.us">DFA-CentralPayrollForms@state.nm.us</a>.</p> <p><b>If 4 or more pay periods send to RMD for review and approval. RMD will submit to DFA. <a href="mailto:EBB.Benefits-Refund@gsd.nm.gov">EBB.Benefits-Refund@gsd.nm.gov</a></b></p> <p><a href="http://www.nmdfa.state.nm.us/Central_Payroll_Bureau.aspx">http://www.nmdfa.state.nm.us/Central_Payroll_Bureau.aspx</a></p> <p>___ DFA Form</p> <p>___ Summary Page showing the breakdown of the total deductions. The Summary Page must contain: a break down by pay periods impacted, what was deducted, what should have been deducted, the difference and the total by plan types (EE Share and State Share).</p> <p>___ Provide print screens of all pay periods that were impacted (View Paycheck -Deduction Tab) as supporting documentation. Benefit Plans are the same for Employee, State and DP they should not vary.</p> <p>___ Please include ERISA emails as supporting documentation as well</p> <p><b>(Note: all current calendar, prior calendar, current fiscal year and prior fiscal year dates need to be separated accordingly)</b></p>	<p>If any of the dates fall in prior year and current year it will be considered a prior calendar year refund.</p> <p>If dates are July 1<sup>st</sup> through June 30<sup>th</sup> please refer to: <b>Employee Benefits Premiums Current year process.</b></p>
<p><b>Employee Benefits Premiums Current Fiscal Year(s)</b> July 1<sup>st</sup> through June 30<sup>th</sup>)</p>	<p><b>RMD Current Fiscal Year Employee and Agency Process:</b></p> <p>(07/01/20xx through 06/30/20xx) FYXX (W-9 from employee is required on all refund that are not processed through DFA Payroll)</p> <p><a href="https://www.mybenefitsnm.com/documents/W-9_New_Form.pdf">https://www.mybenefitsnm.com/documents/W-9_New_Form.pdf</a></p> <p><a href="https://www.mybenefitsnm.com/documents/W-9_Example.pdf">https://www.mybenefitsnm.com/documents/W-9_Example.pdf</a></p> <p><b>Refund should include:</b></p> <p>RMD current refund form</p> <p>___ Employee Form : <a href="https://www.mybenefitsnm.com">RMD Current Year Refund Request Employee Revised 202 1.pdf (mybenefitsnm.com)</a></p> <p>___ Agency Form: <a href="https://www.mybenefitsnm.com">RMD Current Year Refund Request ER-financial Agency (1) (002).pdf (mybenefitsnm.com)</a></p> <p>___ Summary Page showing the breakdown of the total deductions. The Summary Page must contain: a break down by pay periods impacted, what was deducted, what should have been deducted, the difference and the total by plan types (EE Share and State Share). <a href="https://www.mybenefitsnm.com">DFA-Summary Page 2020.xls (live.com)</a></p> <p>___ Provide print screens of all pay periods that were impacted (View Paycheck -Deduction Tab) as supporting documentation. Benefit Plans are the same for Employee, State and DP they should not vary.</p> <p>___ Please include ERISA emails as supporting documentation as well.</p> <p>___ Premium Rate sheet year for appropriate dates: <a href="https://www.mybenefitsnm.com/PremiumRatesSAE.html">https://www.mybenefitsnm.com/PremiumRatesSAE.html</a></p>	<p>If any of the dates fall in prior fiscal year please refer to: <b>Employee Benefits Premiums Prior fiscal year process.</b></p>

# HOW TO PREPARE REFUNDS

1. Make sure to check the Risk Management EEB email (EBB.Benefits-Refund@state.nm.us) for any prior fiscal year or current calendar year refund requests.
2. Audit the prior year request forms for both (employee refund and State agency refund).
3. Make sure pay period end dates are correct on both (employee refund and State agency refund).
4. Make sure you select the correct boxes on the employee refund request med, dental, vision, disability, supplemental, etc. You will need to type the premium being refund on State agency refund request form per premium being refunded.
5. Make sure the explanation matches to what the refund request is for and include the pay period end dates being refunded. The explanation should be added to both employee refund and State agency refund forms.
6. Make sure copies of all payroll deduction screens for each pay period endings in question are attached to each request for employee refund and State agency refund.
7. Make sure to include the Premium Contribution Schedule(s) for each specific Calendar Year that needs to be refunded for both employee refund and State agency refunds.
8. Make sure and check that the employee did/did not get a increase in pay and move to a different deduction scale on the bi-weekly benefits contribution schedule.
9. Make sure to include an excel spreadsheet detailing each pay period ending, the premiums that were deducted from employee or State agency deduction on pay advice. Include the amount that was paid and what should have been paid for both employee refund and State agency refund and it will give you the difference on what needs to be refunded.
10. Make sure to include the email form ERISA if they are the ones requesting that the employee/State agency needs to be refunded.
11. The agency prior year refund request for will need all back up paperwork. Audit to make sure that the employee has not moved to a different salary range during the prior year refund request, which could change the premium contribution schedule.