

Michelle Lujan Grisham, Governor Kari Armijo, Secretary Alex Castillo Smith, Deputy Secretary Kathy Slater Huff, Deputy Secretary Kyra Ochoa, Deputy Secretary Dana Flannery, Medicaid Director

## **State of New Mexico Employees** PREMIUM ONLY PLAN (POP) NOTICE OF WAIVER

I,, wish to "waive" participation in the Premium Only Plan (POF for the benefits plan year of January 1 through December 31, 20	
	fits will be deducted from my pay as an after-tax deduction. I his program is on a yearly basis and will be up for renewal on not be automatically carried over.
Employee Name (print)	Agency Name and Number
Employee Signature	Date
Submit to EASI Gov, Inc.: E-Mail: sonm@easitpa.com	

Email: hcashb@hca.nm.gov

Fax: 505-244-6009

Late submission of the POP Waiver will not be granted.