

MICHELLE LUJAN GRISHAM
GOVERNOR

JOHN A. GARCIA
CABINET SECRETARY

RANDALL CHERRY
ACTING DIRECTOR
RISK MANAGEMENT

LAKISHA HOLLEY
DEPUTY DIRECTOR
RISK MANAGEMENT



State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
(505) 476-1857

FACILITIES MANAGEMENT DIVISION
(505) 827-2141

PURCHASING DIVISION
(505) 827-0472

RISK MANAGEMENT DIVISION
(505) 827-2036

STATE PRINTING & GRAPHIC SERVICES BUREAU
(505) 476-1950

TRANSPORTATION SERVICES DIVISION
(505) 827-1958

State of New Mexico Employees
PREMIUM ONLY PLAN (POP)
NOTICE OF WAIVER
JANUARY 1- DECEMBER 31, 2023

I, _____, wish to “waive” participation in the Premium Only Plan (POP) for the benefits plan year of January 1 through December 31, 2023. I understand by signing this waiver my benefits will be deducted from my pay as an after-tax deduction. I further understand that my enrollment to this program will be up for renewal on January 1, 2024.

Employee Name (print)

Agency Name and Number

Employee Signature

Date

Submit to Erisa Administrative Services:

E-Mail: sonm@easitpa.com and Reina.Espinoza@state.nm.us

Fax: 505-244-6009 and submit to Reina.Espinoza@state.nm.us

Late submission of the POP Waiver will not be granted

Directions to Electronically Sign: Click on Tools on the top left corner, in right window pane click Fill & Sign, Click Sign icon  in top window pane, select signature, and drag and place in desired area.

*Para asistencia en español con este formulario, por favor llame a Erisa al 1-855-618-1800

PHYSICAL ADDRESS: JOSEPH MONTOYA BUILDING, 1100 S. ST. FRANCIS DR. SANTA FE, NM 87505

MAILING ADDRESS: PO Box 6850, SANTA FE, NEW MEXICO 87502-6850