

Mark all boxes and complete all sections that apply. Return completed form to NMRHCA 6300 Jefferson St. NE, Suite 150, Albuquerque, NM 87109-3392.

APPLICANT	Your Name (Last, First, Middle)		Group Name New Mexico Retiree Health Care Authority		Group Number(s) 645743																																															
	Your Address		City	State	ZIP																																															
	Your Soc. Sec. No.	Date of Birth	Phone Number	Gender																																																
ENROLL	<p>If you are enrolling after 31 days of eligibility for Retiree Life under NMRHCA, Evidence of Insurability (EOI) and approval by Standard Insurance Company (The Standard) will be required for enrollment into the NMRHCA Retiree Life plan for the Retiree and Spouse.</p>																																																			
COVERAGES	<p><u>Retiree Life</u> You <u>must</u> choose one of the following options: <input type="checkbox"/> Elect Retiree Life <input type="checkbox"/> Decline Retiree Life</p> <p><u>Spouse Life (Dependent)</u> You <u>must</u> choose one of the following options: <input type="checkbox"/> Elect Spouse Life <input type="checkbox"/> Decline Spouse Life</p> <p><u>Child(ren) Life (Dependent)</u> You <u>must</u> choose one of the following options: <input type="checkbox"/> Elect Child(ren) Life <input type="checkbox"/> Decline Child(ren) Life</p>																																																			
	<p>To elect coverage, complete the section below associated with the employer group you retired from. For APS or NMPSIA, complete Section A. For State of NM (including approved Local Public Bodies), complete Section B. For all other eligible employers, complete Section C.</p> <p>Note: Spouse and Child coverage amounts may not exceed your Retiree coverage amount.</p>																																																			
	<p>Section A: Albuquerque Public Schools (APS) or New Mexico Public Schools Insurance Authority (NMPSIA) Participating Employer If you continued Retiree Life with APS or NMPSIA, select from the options below and complete the Beneficiary Designation section at the end of this form.</p> <table border="0"> <tr> <td>Retiree Options:</td> <td><input type="checkbox"/> \$2,000</td> <td><input type="checkbox"/> \$4,000</td> <td><input type="checkbox"/> \$6,000</td> <td><input type="checkbox"/> \$8,000</td> <td><input type="checkbox"/> \$10,000</td> </tr> <tr> <td>Spouse Options:</td> <td><input type="checkbox"/> \$2,000</td> <td><input type="checkbox"/> \$4,000</td> <td><input type="checkbox"/> \$6,000</td> <td><input type="checkbox"/> \$8,000</td> <td><input type="checkbox"/> \$10,000</td> </tr> <tr> <td>Child(ren) Options:</td> <td><input type="checkbox"/> \$2,500</td> <td><input type="checkbox"/> \$5,000</td> <td><input type="checkbox"/> \$10,000</td> <td colspan="2"></td> </tr> </table> <p>If you did <u>not</u> continue Retiree Life with APS or NMPSIA but can provide proof of the life insurance amounts you lost with these groups, select from the options below (up to insurance amounts lost) and complete the Beneficiary Designation section at the end of this form. <i>Evidence of Insurability is required for coverage amounts over \$10,000 for Retiree and Spouse, if proof of the insurance amounts lost is not available, and for elected coverage amounts <u>above</u> insurance amounts lost.</i></p> <table border="0"> <tr> <td>Retiree Options:</td> <td><input type="checkbox"/> \$2,000</td> <td><input type="checkbox"/> \$4,000</td> <td><input type="checkbox"/> \$6,000</td> <td><input type="checkbox"/> \$8,000</td> <td><input type="checkbox"/> \$10,000</td> </tr> <tr> <td></td> <td><input type="checkbox"/> \$15,000</td> <td><input type="checkbox"/> \$20,000</td> <td><input type="checkbox"/> \$40,000</td> <td><input type="checkbox"/> \$46,000</td> <td><input type="checkbox"/> \$60,000</td> </tr> <tr> <td>Spouse Options:</td> <td><input type="checkbox"/> \$2,000</td> <td><input type="checkbox"/> \$4,000</td> <td><input type="checkbox"/> \$6,000</td> <td><input type="checkbox"/> \$8,000</td> <td><input type="checkbox"/> \$10,000</td> </tr> <tr> <td></td> <td><input type="checkbox"/> \$15,000</td> <td><input type="checkbox"/> \$20,000</td> <td><input type="checkbox"/> \$40,000</td> <td><input type="checkbox"/> \$46,000</td> <td><input type="checkbox"/> \$60,000</td> </tr> <tr> <td>Child(ren) Options:</td> <td><input type="checkbox"/> \$2,500</td> <td><input type="checkbox"/> \$5,000</td> <td><input type="checkbox"/> \$10,000</td> <td colspan="2"></td> </tr> </table>					Retiree Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000	Spouse Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000	Child(ren) Options:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000			Retiree Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000		<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$60,000	Spouse Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000		<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$60,000	Child(ren) Options:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
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INSURANCE COVERAGE AMOUNTS	Section B: State of NM (Including approved Local Public Bodies) Select from the options below and complete the Beneficiary Designation section at the end of this form. <i>Evidence of Insurability is required for Retiree coverage at the \$60,000 level and for Spouse coverage amounts over \$10,000.</i>									
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	Section C: Other NMRHCA Participating Employer's Name: _____ Select from the options below and complete the Beneficiary Designation section at the end of this form. <i>Evidence of Insurability is required for coverage amounts over \$10,000 for Retiree and Spouse.</i>									
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BENEFICIARY DESIGNATION	<i>This designation applies to Life insurance available through NMRHCA. Designations are not valid unless signed, dated, and delivered to NMRHCA during your lifetime. See below for further information.</i>									
	Primary (Full Name)		Address		Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	Basic Life %	Additional Life %
	Contingent (Full Name)		Address		Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	Basic Life %	Additional Life %
SIGNATURE	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.									
	I understand, if I enroll after 31 days of eligibility for Retiree Life under NMRHCA, Evidence of Insurability and approval by Standard Insurance Company will be required for enrollment into the NMRHCA Retiree Life plan for the Retiree and Spouse.									
	If declining coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above.									
	Retiree Name (Print):							Social Security Number:		
Retiree Signature Required							Date (Mo/Day/Yr)			

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy