

APPLICANT	Your Name (Last, First, Middle)			Group Name <b>New Mexico Retiree Health Care Authority</b>		Group Number(s) <b>645743</b>	
	Your Address			City		State	ZIP
	Your Soc. Sec. No.		Date of Birth		Phone Number		<input type="checkbox"/> Male <input type="checkbox"/> Female
INSURANCE COVERAGE	Decline Additional (Plan 2) Life - Survivor <input type="checkbox"/> _____ (Initial)						
	To elect coverage, complete the section below associated with the employer group from which you lost Dependents Life insurance coverage.						
	<b><i>Albuquerque Public Schools (APS) or New Mexico Public Schools Insurance Authority (NMPSIA) Participating Employer</i></b>						
	If you are enrolling within 31 days of losing coverage due to the death of the eligible retiree and proof of the Dependents Life insurance amount you lost is available from APS or NMPSIA, select from the options below (up to insurance amounts lost) and complete the beneficiary designation section at the end of this form.						
	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): <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000  If you are enrolling more than 31 days after losing Dependents Life insurance coverage due to the death of the eligible retiree or proof of the life insurance amount you lost is <b>not</b> available from APS or NMPSIA, select from the Additional (Plan 2) Life options below and complete the beneficiary designation section at the end of this form.						
BENEFICIARY	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): <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000						
	<b><i>Other Employer's Name:</i></b> _____						
	Select from the Additional (Plan 2) Life insurance options below and complete the beneficiary designation section at the end of this form.						
	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): <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000						
BENEFICIARY	<i>This designation applies to Life Insurance available through NMRHCA. Designations are not valid unless signed, dated, and delivered to NMRHCA during your lifetime. Designations by child under age of majority must be made by child's legal guardian. See below for further information.</i>						
	Primary - Full Name		Address		Phone No.	Soc. Sec. No.	Relationship    % of Benefit
	Contingent - Full Name		Address		Phone No.	Soc. Sec. No.	Relationship    % of Benefit
	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 cost changes. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above.					
Survivor Signature Required					Date (Mo/Day/Yr)		

Survivor Name	Social Security Number
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### 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.