## Employee Online System Tutorial

## **Change Basic Information**





#### **IMPORTANT!**

To ensure a successful experience on this tutorial, please read the following in it's entirety before proceeding.

- A "change Basic Info" can be done at any time of the year.
- One transaction may be performed at a time.
- Only one transaction is allowed per day.
- Enter all data in the required format i.e., DOB: *MMDDYYYY*.





#### Change Basic Information allows you to update basic information such as:

- Home Phone
- Work Phone
- Cell Phone
- Email
- Preferred Contact
- Mailing Address

# Change Basic Information can be done at any time throughout the year.



**NOTE:** Name changes, date of birth corrections, change in marital status, or gender changes require a Change Card and supporting documentation. This will need to be done through your HR office. Please reach out to them for additional guidance.





## **Employee Login Process**

#### All Employees have access to the Online System









## Read and select "Accept" to continue



### New Mexico Public Schools Insurance Authority

#### Employee Sign in...

The information provided through this online enrollment site is intended as a summary only. This summary information does not supersede the provisions of the program documents, which in all cases govern program eligibility and benefits. This benefit summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations are available online from your summary plan description, available at https://nmpsia.com.

Enrollment transactions submitted through this online enrollment site are subject to review and approval for compliance with NMPSIA rules.

Information entered is saved each time you click Next to progress from one screen to another. If you need to continue your transaction at another time, click Next to save the information that you have entered and Logout. You can continue with your transaction the next time you login.

**Do not** use your browser's Back or Forward buttons to navigate the Online Benefit System. Use the **Previous** and **Next** options that appear on the botton left and right of the screen.









## Employee Sign-In

You have the option to sign in using your *HIPAA ID, User Defined Login Option, or your Social Security Number.* In this example we will use a SSN.

	New M Public S	exico Schools Insurance	Authority	
		Employee Sign in		
S	ign in with your HIPAA ID: $\mathrm{O}$	Sign in with your user defined login option: $^{ m O}$	Sign in with your SSN number:	
	ease log in with your SSN and Birt	hday:		
	nployer Name:		×	
	5N (Please do not use dashes or sp	paces):		
Da	ate of Birth(MMDDYYYY):			
Lo	og In Home			







#### Find your **Employer Name** by clicking the *caret* on the dropdown box

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	Employee Sign in	
Please log in with your SSN and Birthday: Employer Name:	in with your user defined login option: ACADEMY FOR TECHNOLOGY AND THE CLASSICS   309 ACADEMY FOR TECHNOLOGY AND THE CLASSICS   309 ACE LEADERSHIP HIGH SCHOOL   393 ACES TECHNICAL CHARTER SCHOOL   444 ACTIVE BOARD MEMBERS   405 AFT NEW MEXICO   97 ALAMOGORDO PUBLIC SCHOOLS   46 ALBUQUERQUE BILINGUAL ACADEMY   351 ALBUQUERQUE CHARTER ACADEMY   345 ALBUQUERQUE COLLEGIATE CHARTER SCHOOL   439 ALBUQUERQUE SCHOOL OF EXCELLENCE   396 ALBUQUERQUE SIGN LANGUAGE ACADEMY   389 ALDU LEOPOLD CHARTER SCHOOL   344 ALICE KING COMMUNITY SCHOOL   364 ALMA D ARTE CHARTER HIGH SCHOOL   304 ANANSI CHARTER SCHOOL   314 ANIMAS PUBLIC SCHOOLS   30 ARTESIA PUBLIC SCHOOLS   30	Scroll down to find your employer.







Enter your SSN (do not use dashes or spaces) Enter your Date of Birth (*MMDDYYYY*) and Log In.

New M Public	lexico Schools Insurance Authority
	Employee Sign in
Sign in with your HIPAA ID: Please log in with your SSN and Bin Employer Name: SSN (Please do not use dashes or so Date of Birth(MMDDYYYY): Log In Home	







You have the option to personalize your username and password. You can do this now or Select maybe later to proceed

	New Mexico Public Schools Insurance Authority												
Main	View or Change Basic Information	Enrollment and Plan Information	Beneficiary	Contact Us	Management	Tutorial	Logout						
					EE.	_EmailManag	gement_New						
Perso	onal setting												
	or combi	nter your desired user name and password. nation of letters and numbers. User name n ude numbers, alphabetic characters, and @	nust be at least 6										
		Email or User Name:											
		Password:											
		Maybe Later	Submit										







#### Click View or Change Basic Information tab and select "Change Basic Information".

	New Mexico Public Schools Insurance Authority												
Main	View or Change Basic Information	En	ollment and Plan Information	Beneficiary	Contact Us	Management	Tutorial	Logout					
	View Basic Information Change Basic Informatio												
	Please select one of t	the	options from the me	enu bar ab	ove to pe	rform an ac	ction.						







On this screen you can "Update Basic Information" such as; Home Phone, Work Phone, Cell Phone, Email, Preferred Contact, and Mailing Address.

**NOTE:** Name changes, date of birth corrections, change in marital status, or gender changes require a Change card and supporting documentation. This will need to be done through your HR office. Please reach out to them for additional guidance.





Main View or Change Basic Information Enrollment and Plan Information Beneficiary Contact Us Management Tutorial Logout

#### **Update Basic Information**

You can only change your address and basic contact information on this screen. If you wish to make a change to any of your other information, please use Change Enrollment option of the Enrollment tab above.

Social Security No. Last Name				First Name					Middle	Name		Suffix				
			Conda			Anna										
				_		_					_					
Date Of Birth	Marital St	atus	Gender	Ho	me Phone	е	Work P	hone	•	Cell F	hon	ne EMail			Prefer	red Contact
01/01/1988	Married		Female	(55	5)555-5	555							myem	ail@gmail.com	Physi	cal Address 🗸
Mailing address(E	Box#or Stre	eet Add	lress)		Zip			City						State	Count	ý
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line 2					·		·								0,	
Employer(District	t or Entity N	lame)		Job <sup>-</sup>	Job Title Date of Hi			Hire Base Annual Salary N			ry No.	/ No.of Hours Contracted Per Week				
				TEA	CHER	05/11/2023 \$0.00				38.00						
Last	First					N	1iddle		Sfx		SSN	1	[	Date of Birth	Gende	r Relationship
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Conda	Anna													01/01/1988	Female	Self
Close															6	Next
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This screen confirms that an Employee has performed an Update Basic Info transaction and it has been submitted to the Employer for review. Please note that another transaction cannot be submitted for 24hrs. The transaction is reviewed by the employer and a confirmation of enrollment will be sent to you via email and mail.



When an Employee makes a change through Online System both the Employer's Benefits Representative and Erisa receive Notification of an Online Pending Transaction.







#### **Confirmation of Enrollment**

When an Employee makes a Change through the Online System, both the Employer's Benefits Representative and Erisa will receive a Notification of an Online Pending Transaction.

When approved, the Employee will receive a Confirmation of Enrollment as in the example on the right.

The wording will match the description of the transaction made by the employee, e.g., change of address, contact information, etc.





#### New Mexico Public Schools Insurance Authority

EASL

c/o Erisa Administrative Services, Inc. (505) 988-4974 or (800) 233-3164 P. O. Box 9054; Santa Fe, NM 87504-9054

### **Confirmation of Enrollment**

#### 09/12/2023

**USA Public Schools** 

Anna Conda 123 This Street That City NM 99999

This Confirmation of Enrollment was generated for the following reason: You have requested to change your address.

#### You have the following coverages in effect

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Carrier	Blue Cross Low	Delta Dental High	Davis Vision	Not offered	None	None	None	The Standard
Coverage	Employee Only	Employee Only	Employee Only	by this employer	Declined	Declined	Declined	\$ 50,000

Information regarding you and your family as of 9/12/2023

ID	Name	Relation -ship	SS# Hipaa	Sex	Birth Date	Eligible until	M e d	D e n	V s n	L i f	Additional Information
10	Anna Conda	SELF	ABC123	F	xx/xx/1985		Y	Y	Y	Ν	





Thank you for utilizing this valuable tool. We hope you found it helpful and user friendly.

If you need assistance or have any questions, please contact your Erisa Administrative Representative at 1-800-233-3164.



