

Employee MyBenefits Portal Tutorial

Open Enrollment

Add Coverage/Add Dependent



**New Mexico
Public Schools
Insurance
Authority**

EASI Edu
INCORPORATED

Go to [NMPSIA.com](https://nmpsia.com)



Benefits Portal Login



Select Employee



Login with Email



Complete MFA
Verification



Enter Password



Access MyBenefits Portal

You must be logged into the NMPSIA MyBenefits Portal before completing this tutorial.

If you are a new user, forgot your password, or experience login issues, please refer to the Employee Login Tutorial <https://nmpsia.com/enrollment-tutorials.html> for complete step-by-step instructions.

Important Reminders

- MFA codes expire after 5 minutes.
- Use the email associated with your NMPSIA benefits.
- Check your Spam or Junk folder if you do not receive your code.

Need help logging in?

Please refer to the Employee Login Tutorial before continuing.

The Employee Login Tutorial includes:

- ✓ First-Time Login
- ✓ Password Creation
- ✓ MFA Verification
- ✓ Common Login Errors

After you have successfully logged into the Employee MyBenefits Portal, continue to the next slide.

Before starting your Open Enrollment request, please review the following information:

- Open/Switch Enrollment is available during the designated enrollment period (October 1-October 30).
- Your new election will become effective January 1st of the following year.
- Review your current coverage before making changes.
- Have dependent information and supporting documents ready, if you are adding a dependent.
- Review each selection carefully before continuing.

Helpful Tip

Complete the transaction in one session whenever possible to help avoid timeouts.

Before beginning, have the following information available:

- Login credentials to your MyBenefits Portal account
- Access to your email for MFA verification
- An understanding of the change you wish to make
- Dependent information, if adding a dependent
- Required supporting documents, if needed

Helpful Tip

Save supporting documents to your computer before you begin so they are ready to upload.

This tutorial will show you how to:

- ✓ Initiate the Open/Switch Enrollment transaction
- ✓ Accept the disclosure
- ✓ Review your current coverage
- ✓ Select or change coverage
- ✓ Add a dependent, if needed
- ✓ Upload documents, if needed
- ✓ Review and electronically sign the request
- ✓ Submit and confirm your enrollment

Helpful Tip

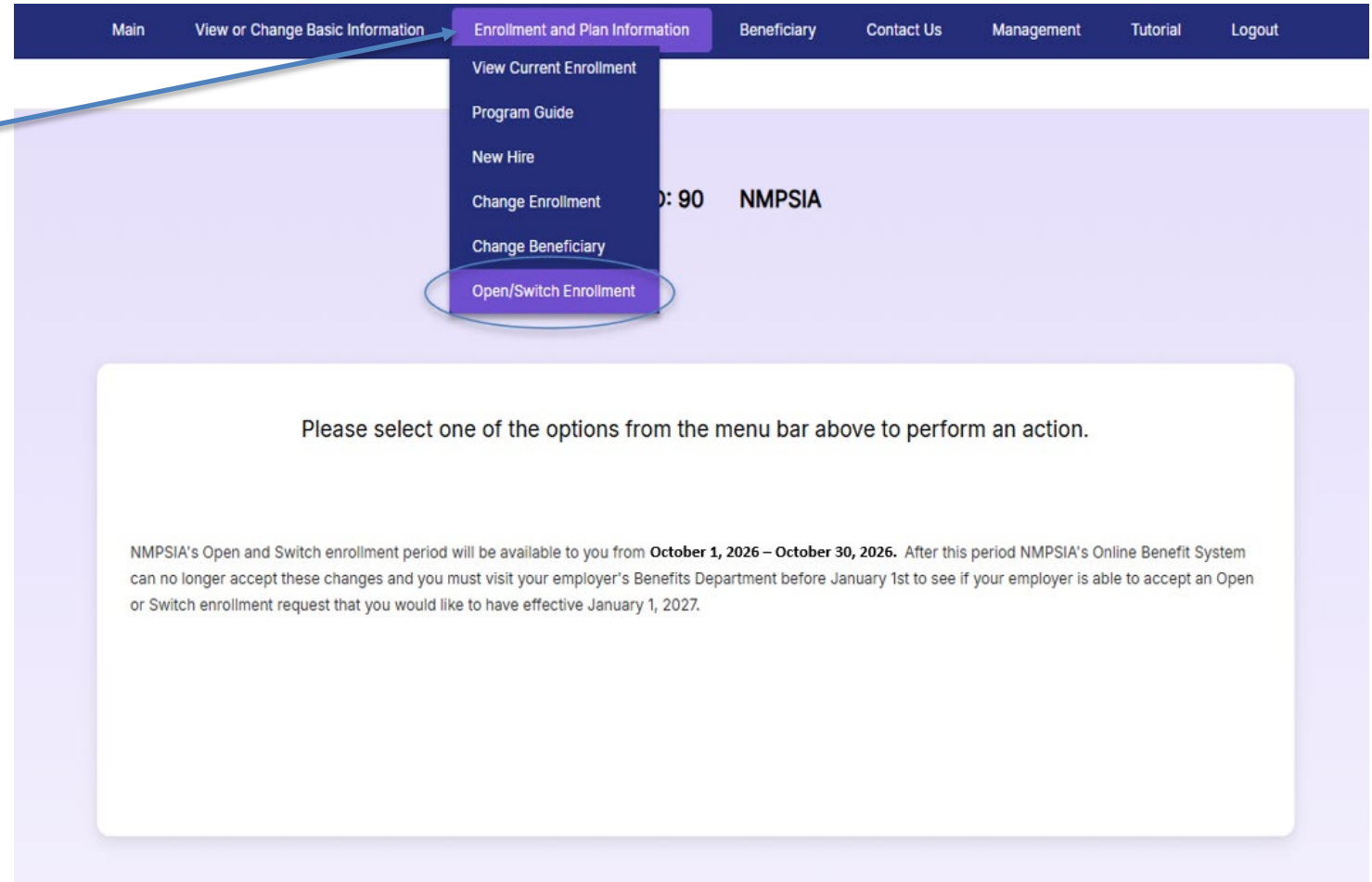
Use Previous and Next to move through the transaction without skipping required steps.

From the Home page

- Navigate to the **Enrollment and Plan Information** tab
- Choose *Open/Switch Enrollment*

Helpful Tip

Review the Home page message for the current Open/Switch Enrollment period before starting.



1. Mark the type of request being made, adding coverage or dependents will require you to select *Open Enrollment*.
2. Review the disclosure information carefully.
3. Check the box located at the bottom of the disclosure section to acknowledge the terms.
4. Select *Next* to continue.

Helpful Tip

You must accept the disclosure before the portal will allow you to continue.

Home / EE_ChangeCard ChangeOrCancel; Test

1 ☒ Open Enrollment ☐ Switch Enrollment

Only one Change Enrollment transaction may be performed at a time. If you are trying to perform multiple transactions, such as adding a benefit and adding a dependent, please direct your request to your employer's Benefits Representative.

NMPSIA
BENEFITS SPECIALIST
Phone: (505) 988-2736
E-Mail: cgarcia@easitpa.com

2

3

is final. You will be required to provide copies of certain pages of your final divorce decree. Covering an ex-spouse is considered misrepresentation.

To enroll your married or unmarried children (who are up to 26 years old) for any line of NMPSIA coverage offered by your employer, present their **official state publicly filed birth certificates** (from the Bureau of Vital Statistics). You may provide hospital birth certificates, but NMPSIA reserves the right to request the official state copy at any time.

Coverage for your dependents will begin on your effective date of coverage when you provide your employee benefits office with the appropriate supportive documentation at the time of application or prior to your coverage going into effect. You have 61 days from your effective date of coverage or 61 days from your qualifying event to provide the appropriate supportive documentation for your dependents, but their effective date of coverage will be on the first day of the month following the date your employee benefits office receives this documentation. Coverage for your dependents will not be made retroactive. If you do not provide this information within 61 days, you may apply to cover your dependents during the established open enrollment period in the fall for coverage that will become effective on January 1.

Medical and Prescription Drug Coverage – If you enroll in the medical plan, you are automatically enrolled in the Prescription Drug Program. You will receive a separate ID card from the NMPSIA Prescription Drug Manager to purchase your prescription drugs.

BENEFICIARY INFORMATION

Complete a **Schedule A** form to make your selection(s) for your beneficiary for basic life and/or additional life coverage. You may change your beneficiary designation at any time. If you do not designate a beneficiary for your life insurance, the life insurance carrier will apply its established processes to determine the individual(s) entitled to your life benefit.

CONFIRMATION OF ENROLLMENT

Once your enrollment has been processed, the NMPSIA Eligibility Administrative Office will email you or mail you a Confirmation of Enrollment Notice to your home (and to your employer). Please review this confirmation notice carefully and report any discrepancies to your Employee Benefits Office or to the NMPSIA Eligibility Administrative Office at 1 (800) 233-3164.

If you do not provide your employer with all of the appropriate documentation necessary to finalize your enrollment request, you will be contacted for the appropriate documentation. Please be sure to adhere to all deadlines associated with this request.

☒ I have read and understand NMPSIA's Eligibility Rules and administrative guidelines for enrollment presented above.

4 Next

Review the coverage currently shown on the Change Enrollment screen.

In this example, the employee is not enrolled in any other lines of coverage.

Helpful Tip

If you notice any of the information on this screen is incorrect, contact your Benefits Specialist right away.

Change Enrollment

Social Security No.		Last Name		First Name		Middle Name		Suffix					
088-88-0906		DOE		JANE									
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	Email		Preferred Contact					
01/01/1999	N	F				CGARCIA@EASITPA.COM		5					
Mailing address(Box#or Street Address)				Zip		City		State		County			
1429 2ND ST				87505		SANTA FE		NM		SANTA FE			
Employer(District or Entity Name)			Job Title	Date of Hire	Base Annual Salary		No.of Hours Contracted Per Week						
NMPSIA			TEACHER	05/12/2026	\$50,000.00		40.00						
Medical:		DECLINED				Plan:		NONE					
Dental:		DECLINED				Plan:		NONE					
Vision:		DECLINED											
Basic Life Insurance:		Standard				Elected		\$0.00					
Additional Life Insurance:		Standard				Not Elected		0X Base Salary					
Spouse Life Insurance:		Standard				Not Elected		\$0.00					
Dependent Life Insurance:		Standard				Not Elected		\$0.00					
Long Term Disability:		Standard				Not Elected		30D					
Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status
DOE	JANE			088-88-0906	01/01/1999	FEMALE	SELF						
Add Dependent													
Effective Date:01/01/2027													
Previous													
Next													

Change Enrollment

Social Security No.		Last Name		First Name		Middle Name		Suffix					
088-88-0906		DOE		JANE									
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMail		Preferred Contact					
01/01/1999	N	F				CGARCIA@EASITPA.COM		5					
Mailing address(Box#or Street Address)			Zip	City		State	County						
1429 2ND ST			87505	SANTA FE		NM	SANTA FE						
Employer(District or Entity Name)		Job Title	Date of Hire	Base Annual Salary		No.of Hours Contracted Per Week							
NMPSIA		TEACHER	05/12/2026	\$50,000.00		10.00							
Medical:		Blue Cross Blue Shield				Plan:		High					
Dental:		DECLINED				Plan:		NONE					
Vision:		DECLINED											
Basic Life Insurance:		Standard				Elected		\$0.00					
Additional Life Insurance:		Standard				Not Elected		0X Base Salary					
Spouse Life Insurance:		Standard				Not Elected		\$0.00					
Dependent Life Insurance:		Standard				Not Elected		\$0.00					
Long Term Disability:		Standard				Not Elected		30D					
Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status
DOE	JANE			088-88-0906	01/01/1999	FEMALE	SELF						

3

Add Dependent

Effective Date:01/01/2027

Previous

Next

1

2

4

1. Use the drop-down menu to select the new carrier or plan option.
2. Review the new selections.
3. If you are adding a dependent, select *Add Dependent* and proceed to the next step of this tutorial.
4. If you are not adding a dependent click Next.

Helpful Tip

Double-check both the carrier and plan option before selecting *Next*.

1

2

3

Add Dependent

Last Name

DOE

First Name

DONALD

Middle Name

Suffix

SSN

123-45-6789

Date of Birth
(mm/dd/yyyy)

02/01/2000

Gender

Relationship

SPOUSE

Event Date

01/01/2027

Reason

Other

Reason Note

Open Enrollment

If new dependent is being added because of Birth, Adoption
Guardianship,or Court Order, enter the child's date of birth,
adoption,guardianship,or court order as the **Event Date** and the first of the
following month as the **Effective Date**.

Add Dependent

Cancel

When the pop-up menu appears:

1. Enter the required information, including the relationship.
2. Enter the event date and reason.
Note: (The event date will be 01/01/2027. Use the dropdown menu under Reason to select “other”. Type “Open Enrollment” in the space for Reason Note).
3. Select *Add Dependent*.

Helpful Tip

Enter the dependent's information carefully and use the format shown on the screen.

Change Enrollment

Social Security No.		Last Name		First Name		Middle Name		Suffix						
088-88-0906		DOE		JANE										
Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	Email		Preferred Contact						
01/01/1999	N	F				CGARCIA@EASITPA.COM		5						
Mailing address(Box#or Street Address)				Zip		City		State		County				
1429 2ND ST				87505		SANTA FE		NM		SANTA FE				
Employer(District or Entity Name)			Job Title		Date of Hire		Base Annual Salary		No.of Hours Contracted Per Week					
NMPSIA			TEACHER		05/12/2026		\$50,000.00		40.00					
Medical:		Blue Cross Blue Shield				Plan:		High						
Dental:		DECLINED				Plan:		NONE						
Vision:		DECLINED												
Basic Life Insurance:		Standard				Elected		\$0.00						
Additional Life Insurance:		Standard				Not Elected		0X Base Salary						
Spouse Life Insurance:		Standard				Not Elected		\$0.00						
Dependent Life Insurance:		Standard				Not Elected		\$0.00						
Long Term Disability:		Standard				Not Elected		30D						
Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision	Reason	Event Date	Status	
DOE	JANE			088-88-0906	01/01/1999	FEMALE	SELF							
DOE	DONALD			123-45-6789	02/01/2000		SPOUSE	☒	☐	☐	Other	01/01/2027	Added	Cancel Add
Add Dependent														
Previous														
Next														

Effective Date:01/01/2027

Helpful Tip

Make sure the correct benefit box is selected for each dependent you want covered.

Repeat Steps 5 and 6 for each dependent you wish to add at this time.

You will see the newly added dependent now appears on the summary screen.

1. Verify your dependent information.
2. Use the check boxes to select the coverage you want to add your dependent to.
3. Select *Next*.

Employee ChangeCard - Upload Certificate

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	File	Upload
------	-------	--------	-----	-----	---------------	--------	--------------	---------------	------	--------

1

Upload Document

PreviousNext

Upload Document

Comment :

2

Choose File

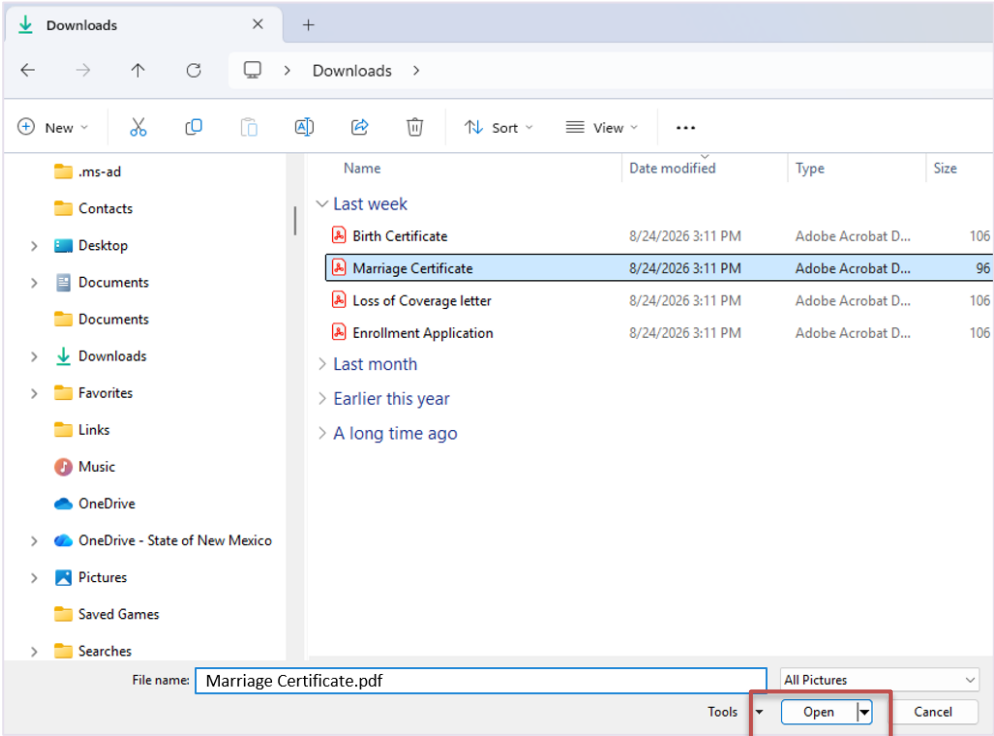
No file chosen

UploadCancel

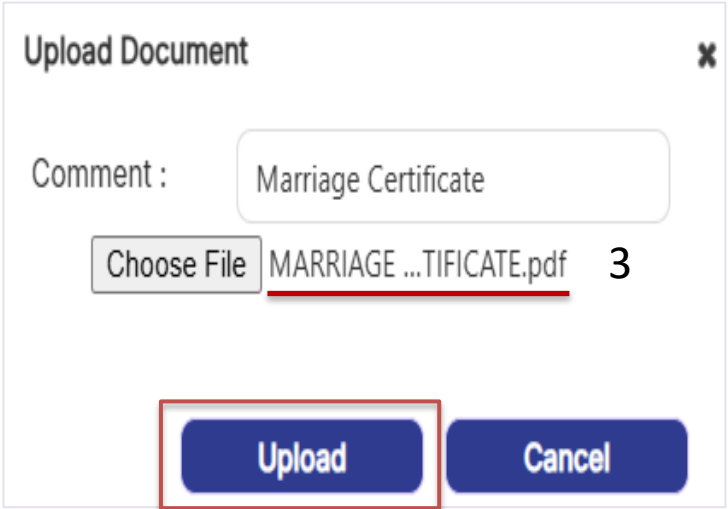
If you are adding dependents to coverage or excluding certain dependents from a line of coverage, supportive documentation will be required. See steps 1 and 2 below.

If documents are not required for your transaction, select *Next*.

1. Select *Upload Document*
2. When the pop-up menu appears, select *Choose File*.



1



Your device's file folder will open.

1. Locate the document on your computer and select it.
2. Click *Open*.
3. Confirm the file appears in the MyBenefits Portal.
Optional: add a comment if desired.
4. Select *Upload*.

Helpful Tip

PDF file formats are preferred. Use a clear description such as “Marriage Certificate” so the document is easy to identify during review.

Confirm the document name appears on the **Upload Certificate** screen. Make sure the correct file is attached, then select *Next*.

Repeat Step 7 and 8 if you need to upload more than one supportive document.

Employee ChangeCard - Upload Certificate

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	File	Upload
DOE	JANE			088-88-0906	01/01/1999	F	SELF	Marriage Certificate	<u>MARRIAGE CERTIFICATE.pdf</u>	Upload

Previous

Upload Document

Next

Review the Preview for Change Enrollment Request.

- 1. Confirm the effective date and that the requested changes are reflected.
- 2. Confirm dependent information is correct.
- 3. Enter the required electronic signature information
- 4. Select *Finish*.

Helpful Tip

Review your coverage, dependents, effective date, and certification information before selecting *Finish*.

1

New Mexico Public Schools Insurance Authority
Preview for Change Enrollment Request
NMPSIA

This preview was generated for the following reason:
Your online Change Enrollment request has been submitted for review. Coverage is scheduled to be effective 01/01/2027

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date	01/01/2027							
Carrier	Blue Cross Blue Shield-High	-		Decline	Declined	Decline	Decline	50K
Coverage	Employee and Family							

2

Information regarding you and your family as of

Name	Relationship	SS#	Gender	Birth Date	Medical	Dental	Vision	Life	status
Test ChangeOrCancel	SELF	088-80-9017	FEMALE	01/01/2000	Yes	No	No	No	
Spouse ChangeOrCancel	SPOUSE	888-09-0172	MALE	01/01/2000	Yes	No	No	No	
Child ChangeOrCancel	SON	888-09-0173	FEMALE	01/01/2020	Yes	No	No	No	

I Represent that I, Test ChangeOrCancel, am the person identified as the named employee in this Enrollment Application. I acknowledge and agree to the statements contained within this application. I also acknowledge and agree that by typing my name, social security number and today's date in the designated boxes on the screen below this form and clicking "Continue," I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms. I understand that by choosing to electronically sign this application, this application will be securely stored. I also understand that if I do not electronically sign this application, it will not be processed.

I hereby authorize my school district/employer to deduct from my earnings until further written notice, amounts equal to the contribution required of me toward the plan(s) herein enrolled. I hereby apply to the Authority for the coverage offered to myself and dependents shown in this Enrollment Application. I understand that services will be available subject to the exclusions, limitation and the conditions described in the Master Group Insurance Policies. I authorize any hospital, physician, or other health care provider to furnish (when applicable) to the Insurance Carrier such medical information as it may require for myself and my dependents. I authorize the Insurance Carrier to coordinate benefits and/or reimbursements with other health plans or insurance companies. Under penalties of perjury and insurance fraud, I declare that I have examined this application and supporting documentation, and to the best of my knowledge and belief, they are true, correct, and complete.

☐ Check here if someone helped you perform this online transaction.

3

Accept : ☒ Employee SSN:

Employee Name :
Must be entered as Test ChangeOrCancel

Date:
(mm/dd/yyyy)

After your request is reviewed and approved by your employer it will be submitted to EASI Edu for processing.

EASI Edu will process within 4 days of your employer’s submission.

Review your Confirmation of Enrollment to verify your Open Enrollment transaction was processed successfully.

Helpful Tip

Your confirmation is your record of the completed change. Review it carefully for accuracy.



New Mexico Public Schools Insurance Authority

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



08/05/2026

NMPSIA

JANE DOE
1429 2ND ST
SANTA FE NM 87505

090
3C7405A00

This Confirmation of Enrollment was generated for the following reason:
You have added YOURSELF and DONALD to Medical coverage through the NMPSIA open enrollment. Coverage is effective 01/01/2027.

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 High	None	None	None	None	None	None	The Standard
Coverage	Employee and Spouse	Declined	Declined	Declined	Declined	Declined	Declined	\$ 50,000

Information regarding you and your family as of 8/5/2026

ID	Name	Relation -ship	SS# Hippa	Sex	Birth Date	Eligible until	M e d	D e n t	V i s i t	L i f e	Additional Information
10	JANE DOE	SELF	3C7405A00	F	xx/xx/1999		Y	N	N	N	
20	DONALD DOE	SPOU	xx-xx-6789	M	xx/xx/2000		Y	N	N	N	

Please visit <https://nmipsia.com> to view important plan documents, including the new wellness benefit and the video visit opportunity under the medical plans. Review and update your contact information at <https://nmipsiaonline.nmipsia.com>. This site may also be used for performing benefit enrollment transactions (subject to employer policy).

If you have any questions, please contact Chere Garcia at Eris Administrative Services, Inc. (800) 233-3164 or (505) 988-4974 within five (5) business days of this notice.

Open/Switch Enrollment option not available – Confirm you are within the designated enrollment period.

Coverage selection is incorrect – Review the carrier, plan, and covered family members before continuing.

Dependent information is incomplete – Complete all required dependent fields before selecting *Add Dependent*.

Supporting document is missing – Attach the correct readable file and confirm it appears on the upload screen.

Wrong file uploaded – Verify the file name and document description before selecting *Next*.

Required certification is incomplete – Complete all required certification fields before selecting *Finish*.

Session timed out – Sign back into the MyBenefits Portal and restart the transaction.

Confirmation does not show the intended change – Contact your Benefits Specialist for assistance immediately.

Helpful Tip

Most errors can be avoided by reviewing your selections, dependents, documents, and certification before submitting.

Need Assistance? Contact Us:

Dian Cortez

575-433-0128 Ext.3090

cortezd@hobbsschools.net

**Thank you for using the
NMPSIA MyBenefits Portal!**