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| <input type="checkbox"/> '(17\$/ <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> 'HFOLQH 'H  |
| <input type="checkbox"/> 9,6,21 'DYLWLRQH DUUROOPHQW UHTXLUHG   | <input type="checkbox"/>   | <input type="checkbox"/> 'HFOLQH 9LVLRQ  |
| <input type="checkbox"/> 5HWLUHH \$',7,21\$KH,WDQGDUG<br><input type="checkbox"/> 1HZ 5HWLUHHBLI\LQJ(YLQWFRURI,QVXUDELOLW\  | <input type="checkbox"/>   | <input type="checkbox"/> 'HFOLQH (PSOR\H/HI\$GGLWLRQDQ   |

Please read the NMPSIA Program Guide as you complete this form.

NMPSIA's Program Guide outlines the NMPSIA Eligibility Rules and administrative guidelines for enrollment. If you do not have this Guide, you can obtain a copy from your benefits office or at <https://nmpsia.com>.

## ELIGIBILITY

The effective date for all your other lines of coverage is determined NM Tech. This effective date can never be made retroactive (prior to the date you officially apply).

## ENROLLMENT

You may only apply for the lines of NMPSIA coverage offered by NM Tech.

Please keep the following in mind:

You may enroll as single only for any line of NMPSIA coverage.

Indicate the status (retiree only, two-party, or family) for each line of coverage.

If both you and your spouse have coverage with NM Tech or under another NMPSIA affiliated employer, you and your spouse cannot double insure each other and your dependents under the NMPSIA Group Plan for any line of NMPSIA coverage.

Coverage for your dependents will begin on your effective date of coverage.

Medical and Prescription Drug Coverage – If you enroll in the medical plan, you are