

Human Resources  
(5 5) 835-563 Phone  
(5 5) 835-663 fax

Insurance Continuation Notice

As a retiree of New Mexico Tech, you are eligible to continue your medical, dental and vision coverage

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(5 5) 835-563 Phone  
(5 5) 835-6963 Fax

### Retiree Life Insurance Election

As a retiree of New Mexico Tech, you are eligible to continue a \$10,000 life insurance policy. This policy will cost \$ per month.

Human Resources  
(5 5) 835-543  
Phone (5 5) 835-963  
Fax

Name \_\_\_\_\_ B B B \_\_\_\_\_ Banner ID# \_\_\_\_\_

Address \_\_\_\_\_

( P D L O \$ G G U H V V \_\_\_\_\_ B B B B B B B B B B of Birth \_\_\_\_\_ B B B \_\_\_\_\_

Insurance Coverage

M H G L F D O

- Blue Cross Blue Shield of New Mexico
  - High Option Plan
  - Low Option Plan
  - EPO Option Plan

- Presbyterian
  - High Option Plan
  - Low Option Plan

Are you eligible for Medicare  Yes  No

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- High Optio Q  Low Option Plan

Decline Dental

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% F D M J O F % F O U B M

V L V L R Q: Davis Vision (2 year enrollment required)

Decline Vision

L L I H Retiree Only \$10,000

Yes  No

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

Dependent Children

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

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Authorization Agreement for Automated Payments

I (we) hereby authorize New Mexico Institute of Mining and Technology to initiate debit entries on our \_\_\_\_\_ Checking or \_\_\_\_\_ Savings account indicated below and the depository name below, hereinafter called Depository, to debit same to such account.

Depository Information

Name \_\_\_\_\_  
Name of Financial Institution

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_



