



New Mexico Public Schools Insurance Authority

Eligibility Administrative Office: Erisa Administrative Services, Inc. • Phone: (800) 233-3164 or (505) 988-4974 • Fax: (505) 988-8943

SCHEDULE A – BENEFICIARY ASSIGNMENT

| | | |
|---------------------------------|---------------|---|
| Employee Social Security Number | Employee Name | School District/Employer |
| Mailing Address: | | Date of Birth (in mm/dd/yyyy format) |

Primary Beneficiary:

(For multiple beneficiaries, distribution must equal 100% for each life benefit)

| Beneficiary Name | Date of Birth (in mm/dd/yyyy format) | Relationship to the Employee | Address | Basic Life Percent | Additional Life Percent |
|------------------|---|------------------------------|---------|--------------------|-------------------------|
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(For multiple beneficiaries, distribution must equal 100% for each life benefit)

Contingent Beneficiary (in the event the primary beneficiary is not living at the time of the insured's death):

| Beneficiary Name | Date of Birth (in mm/dd/yyyy format) | Relationship to the Employee | Address | Basic Life Percent | Additional Life Percent |
|------------------|---|------------------------------|---------|--------------------|-------------------------|
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STATEMENT OF MARITAL STATUS (check one)

- I AM NOT MARRIED. I understand that if I marry, it will affect my right to dispose of community property, and that I should then review my beneficiary designation.
- I AM MARRIED. My spouse is the Primary Beneficiary and/or is designated to receive 50% or more of my benefit.
- I AM MARRIED. My spouse is not the Primary Beneficiary and/or is designated to receive less than 50% of my benefit.

EMPLOYEE SIGNATURE _____

DATE: _____

Witnessed by Employer: _____

DATE: _____

IMPORTANT NOTE: Community Property Laws are applicable to employees living in New Mexico, Arizona, Texas, California, Idaho, Nevada, Washington, or Wisconsin; therefore, a spouse has property interest in insurance provided to the employee through his/her employment.

RETURN TO YOUR EMPLOYER'S BENEFIT OFFICE