

# Employee Login and Access

Our organization participates in the New Mexico Public Schools Insurance Authority (**NMPSIA**) employee benefit program. NMPSIA has an Online Benefit System website that allows covered employees to review, update, or change their benefit enrollment information. This website is available to any employee who has had the Basic Life Insurance enrollment process completed for them by a member of your Benefits Department. As an eligible employee through NMPSIA's employee benefit program, you can access this website to perform transactions like:

- Update address and other contact information
- See what benefits and coverage you are enrolled in
- Enroll for benefit coverage
- Change enrollment
- Review or change beneficiary information

Appearing below are instructions for accessing NMPSIA's Online Benefit System.

NMPSIA's Online Benefit System can be accessed by entering the following NMPSIA website on your browser at <https://nmpsia.com> then selecting the **Members** menu tab at the top of the screen and choosing the **NMPSIA Online Benefit System** option.

NMPSIA Online Benefit System website address: <https://nmpsiaonline.nmpsia.com>

1. Choose the **Employee Login** Option



Figure 1: NMPSIA Online Benefit System website

If using Internet Explorer as your web browser, you should activate Compatibility View settings for using this website (Tools > Compatibility View Settings).

Select the Employee Login option.

Review the terms and conditions for using the New Mexico Public Schools Insurance Authority's (NMPSIA) Online Benefits System and click **Accept** to continue.

2. Review and accept the disclosure information shown on the screen.

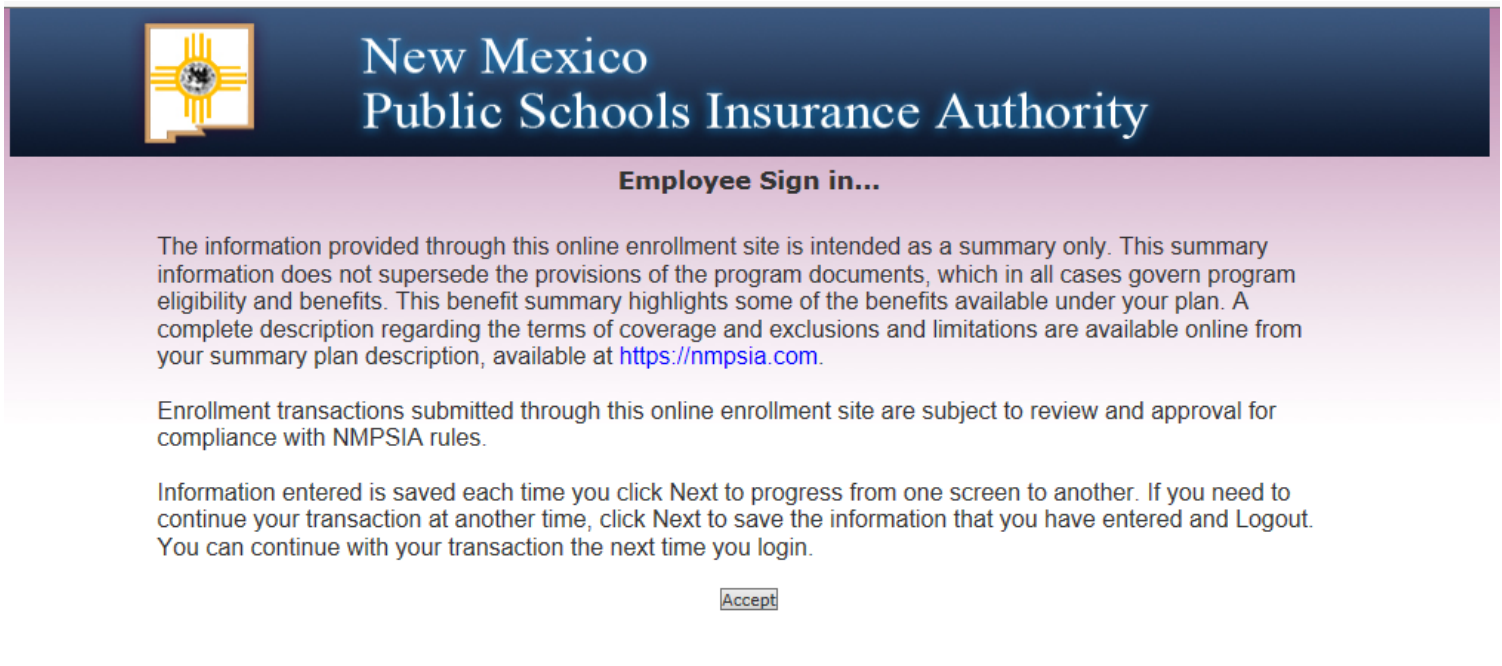


Figure 11-2: Employee login disclaimer

3. Select an option to sign in with your HIPAA ID number or **Social Security Number**. Your HIPAA ID number is an internal ID number assigned to you by NMPSIA's Eligibility Administrative Office and appears on the top right corner of any Confirmation of Enrollment statement.



Figure 3: Employee login by SSN

- Select the **Dist ID Hobbs Municipal Schools 33** field and type the name of your school district, educational entity, employer, or choose your employer from the alphabetical drop down list.

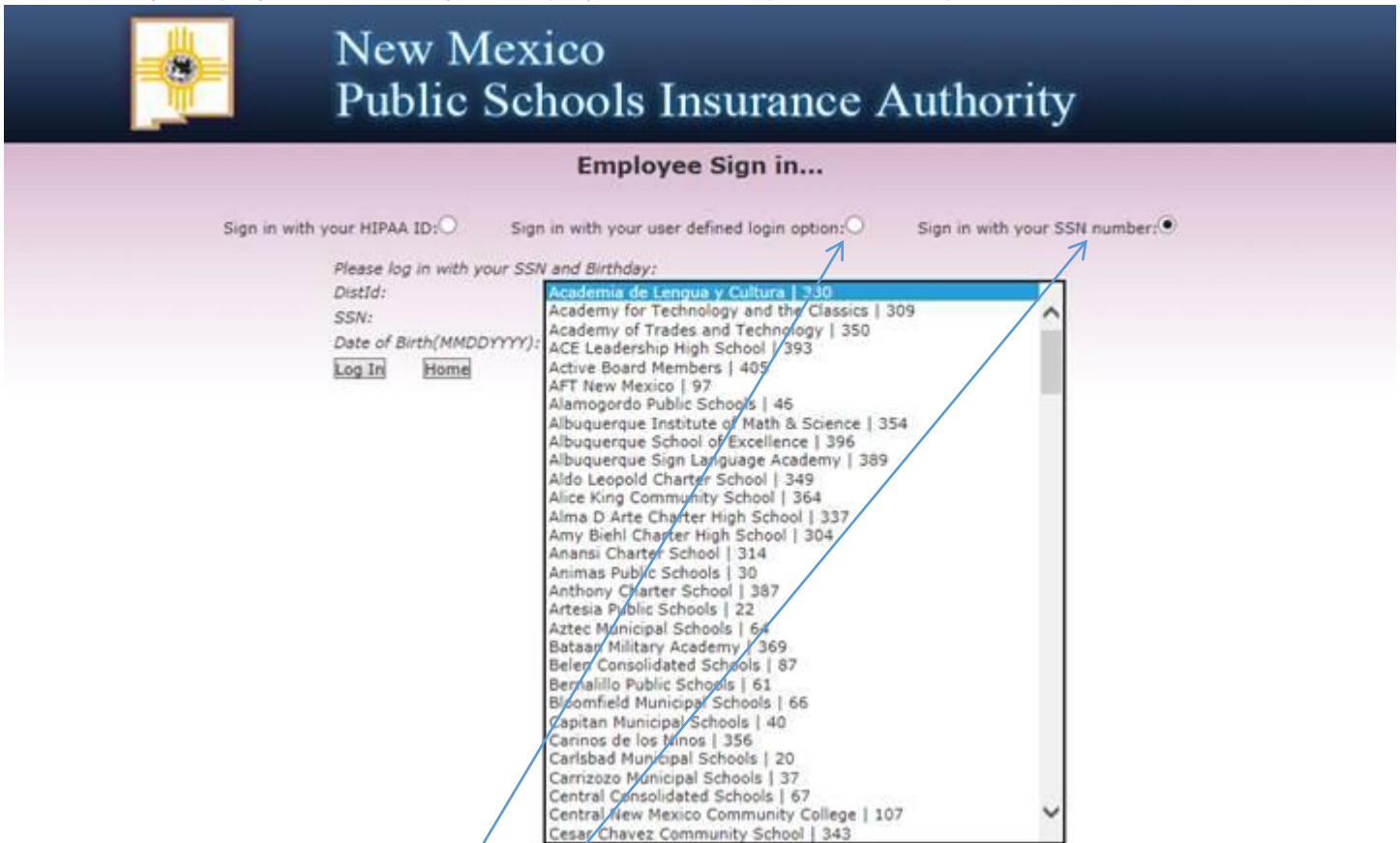


Figure 4: Online Benefit System Employer Selection  
**HMS recommends using SSN option to begin.**

Figure 6 that follows will allow you to set up your Used Defined Login Option (Personal Settings) so please don't use this on the initial sign in.

- The first time you access NMPSIA's Online Benefit System, you will be prompted to create your individual user name and password. Follow the instructions presented on the screen to create your user name and password, and select **Submit**.



6. After creating your user name and password, your screen will display the Online Benefit System Main screen showing the name of your **employer** and **your** name



Figure 6: NMPSIA Online Benefits System employee home screen

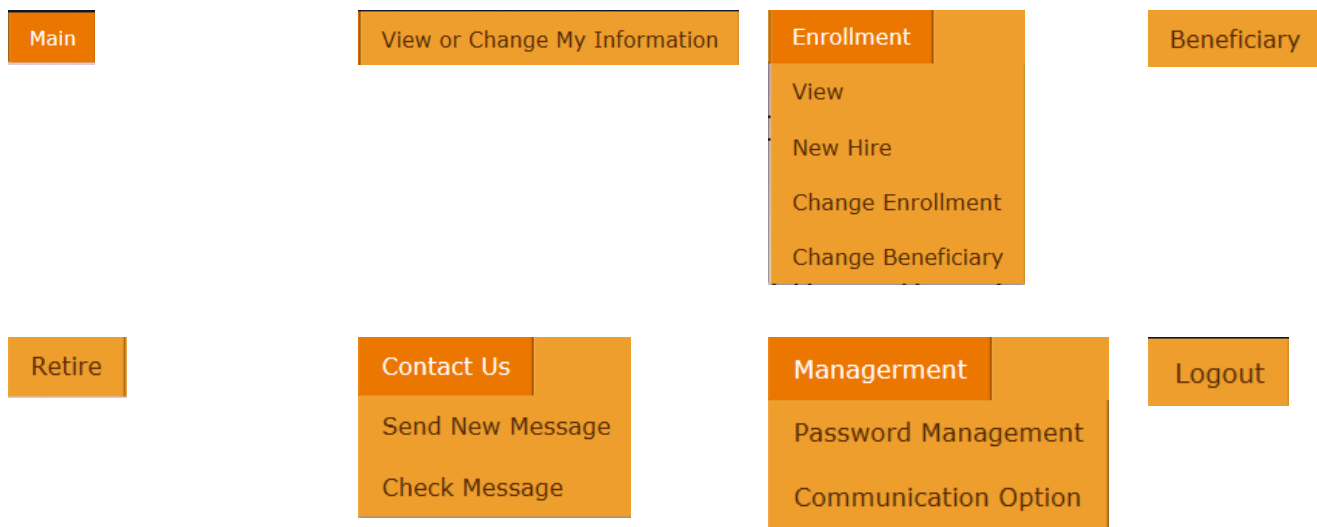


Figure 7: NMPSIA Online Benefits System employee menu options.

- Continue with registering your access by choosing the **Management** option and select **Communication Option**.

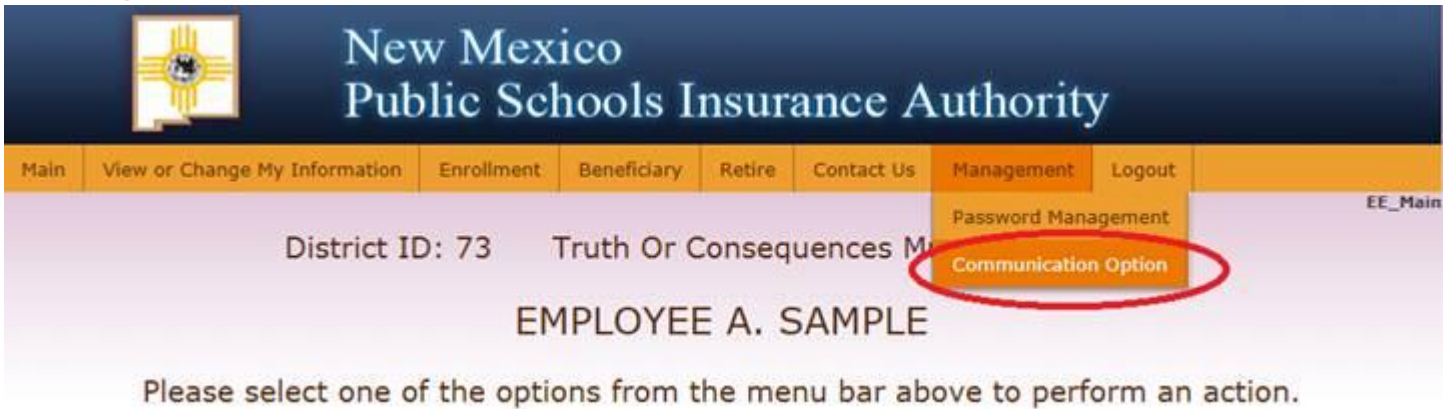


Figure 8: Online Benefit System Access Management Option

- Confirm or update your e-mail address. Select the **Edit** option to update your e-mail address. Respond to the prompt to indicate if you wish to receive communications about your participation in NMPSIA's employee benefit program by e-mail. Select **Submit**.



Figure 8: Online Benefit System E-Mail Communication Preference

- Choose one of the choices available from the menu options displayed at the top of your screen, or **Logout** to complete your registration through NMPSIA's Online Benefit System.

**You will receive a confirmation notification from NMPSIA after you have successfully changed your enrollment. Thanks for your participation with our online system.**

Questions about the Online Benefit System may be directed to:

Bonnie Juarez or Will Hawkins  
 HMS (575)-433-0128  
 E-mail [juarezb@hobbsschools.net](mailto:juarezb@hobbsschools.net)

*NMPSIA Eligibility Administrative Office:*  
 Mikki Shive  
 Benefits Representative  
 ERISA Administrative Services, Inc.  
 Phone: Santa Fe (505) 988-4974  
 Toll Free (800) 233-3164  
 E-mail: [mshive@easitpa.com](mailto:mshive@easitpa.com)

# Employee Basic Information

## JAMES T KIRK

**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
073-10-0029	KIRK	JAMES	T	

Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EEmail	Preferred Contact
01/01/1967	Married	Male	(505)988-4974	(505)988-8943	(505)233-3164	easitpa029@yahoo.co	Email <input type="button" value="v"/>

Mailing address(Box#or Street Address)	Zip	City	State	County
1202 ACADEMY DRIVE	87901	TRUTH OR CONSEQUEN	NM	SIERRA

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week
Truth Or Consequences Municipal Schools	TEACHER	03/05/2014	\$42,000.00	40.00

Last	First	Middle	Sfx	SSN	Date of Birth (mm/dd/yyyy)	Gender	Relationship
KIRK	JAMES	T		073-10-0029	01/01/1967	MALE	SELF

Figure 12-1: Employee basic information screen

EE\_UpdateBasicInfo

## JAMES T KIRK

**Update Basic Information**

Select the **Upload Document** button if you need to provide copies of supporting documents such as marriage certificate, Affidavit of Domestic Partnership, or birth certificate for your dependents. This option can also be selected if you wish to provide any supplemental information in relation to your enrollment or eligibility for benefits through NMPSIA's benefit plans.

When prompted for **Document Type**, enter the type of document you are providing and which family member the document is for. Click **Upload** in the Upload Document window to continue.

Click **Finish** in the Update Basic Information window to complete your transactions.

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Document Type	Upload
									<input type="button" value="Upload Document"/>

Figure 12-2: Update Basic Information document upload screen

# Enrollment

073-10-0018 WALTER WHITE

Address											
Address							Effective	Expire			
1042 VILLA DE PASEO							12/01/2013	N/A			

Phone					
Home Phone	Work Phone	Cell Phone	Email	Effective	Expire
(505)988-4974	(505)988-8943	(505)750-6484	wwhite1960@yahoo.com	12/01/2013	N/A

Eligible									
Effective	Expire	Type	#	Name	Medical	Dental	Vision	Life	
12/01/2013	N/A	73		WALTER WHITE	No	No	No	No	

Family							
Family Members							
Dep NO	Effective	Expire	Relationship	Gender	Name(first,mid,last,sfx)	SSN	Birthdate
10	12/01/2013	N/A	SELF	Male	WALTER WHITE	073-10-0018	01/01/1960

Enrollment												
Effective	Expire	Dist ID	District			Type	Dep No	LTD	BLF	ALF	SPLF	DPLF
12/01/2013	N/A	73	Truth Or Consequences Municipal Schools			A	10	N	Y	0	0	N
Medical			Dental			Vision						
carrier	plan	coverage	carrier	plan	coverage	carrier	plan	coverage				

Salary					
Dist.ID	Dist Name		Effective	Expire	Amount
73	Truth Or Consequences Municipal Schools		12/01/2013	N/A	\$4,000.00

Beneficiaries						
Regular Beneficiary Designation History						
Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Contigent Beneficiary Designation History						
Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire

Close

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Figure 13-1: View current enrollment information

**WALTER WHITE**

**Employee New Hire – Basic Information – Screen 1 of 10**

Social Security No.	Last Name	First Name	Middle Name	Suffix
073-10-0018	WHITE	WALTER		

Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMAIL	Prerferred Contact
01/01/1960	Married	Male	(505)988-4974	(505)988-8943	(505)750-6484	wwhite1960@yahoo.c	Email

Mailing address(Box#or Street Address)	Zip	City	State	County
1042 VILLA DE PASEO	87199	ALBUQUERQUE	NM	BERNALLILO

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week	Effective Date for other benefits (medical, dental, vision, etc.)
Truth Or Consequences Municipal Schools	CHEMISTRY TEACHER	11/15/2013	\$4,000.00	40.00	12/01/2013

**Next**

Figure 13-2: Enrollment, New Hire, screen 1 of 10

**WALTER WHITE**

**Employee New Hire –Dependent Information – Screen 2 of 10**

Last	First	Middle	Sfx	SSN	Date of Birth (mm/dd/yyyy)	Gender	Relationship	Delete
WHITE	WALTER			073-10-0018	01/01/1960	MALE	SELF	
WHITE	SKYLAR			073-20-0018	02/02/1963	FEMALE	SPOUSE	<b>Delete</b>
WHITE	WALTER		JR	073-30-0018	03/03/1995	MALE	SON	<b>Delete</b>

**Add Dependent**

**Previous** **Next**

NMPSIA rules require you to provide supporting documentation like a marriage certificate, Affidavit of Domestic Partnership, or birth certificate for any dependents being covered.

You will be able to upload files of these supporting documents as you continue this online enrollment process.

**Last Name**  
WHITE

**First Name**  
[ ]

**Middle Name**  
[ ]

**Suffix**  
[ ]

**SSN**  
[ ]

**Date of Birth (mm/dd/yyyy)**  
[ ]

**Gender**  
Male


**Relationship**  
SON

**Add** **Cancel**

Figure 13-3: Enrollment, New Hire, screen 2 of 10, dependents



# Beneficiary



New Mexico  
Public Schools Insurance Authority

Main View or Change My Information Enrollment Beneficiary Retire Contact Us Management Logout

EE\_View Beneficiary

DAFFY D DUCK

**View Beneficiary**

Beneficiaries

**Primary Beneficiary Designation History**

Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Basic Life	SPOUSE	DAFFODILL DUCK	02/02/1988	50.00	10/01/2013	N/A
Basic Life	SON	DAVID DUCK	03/03/2008	50.00	10/01/2013	N/A
Additional Life	SPOUSE	DAFFODILL DUCK	02/02/1988	50.00	10/01/2013	N/A
Additional Life	SON	DAVID DUCK	03/03/2008	50.00	10/01/2013	N/A

**Contigent Beneficiary Designation History**

Beneficiary Type	Relationship	Beneficiary Name	DOB	% of Beneficiary	Effective	Expire
Basic Life	Partner in crime	Sylvester Cat	05/05/1985	50.00	10/01/2013	N/A
Basic Life	Friend	Tom Cat	06/06/1985	50.00	10/01/2013	N/A
Additional Life	Partner in crime	Sylvester Cat	05/05/1985	50.00	10/01/2013	N/A
Additional Life	Friend	Tom Cat	06/06/1985	50.00	10/01/2013	N/A

Figure 14-1: Employee's current beneficiary designation.

# Management — Password Management

New Mexico Public Schools Insurance Authority

Main View or Change My Information Enrollment Beneficiary Retire Contact Us Management Logout

EE\_EmailManagement

## DAFFY D DUCK

Access to the NMPSIA online system is either obtained with the combination of your employer's District ID, the HIPAA ID assigned to you by NMPSIA's Administrative Office, and your birthday, or a user defined login option consisting of your e-mail address or user name. Your employer's District ID and your assigned HIPAA ID are shown on the Enrollment Notification notice provided to you upon your initial enrollment in NMPSIA's benefit program. This information is also shown on any Confirmation of Enrollment notice you receive from NMPSIA's Administrative Office.

If you would like to change how you access this website, you can provide your desired access information in the fields on the right side of the screen below. Your user name can be an e-mail address or combination of letters and numbers. User name must be at least 6 characters and can only include letters, numbers or the @ sign.

Please enter your assigned login information.

Please enter your desired login information.

DistId:

HipaaId:

Date of Birth(MMDDYYYY):

Email or User Name:

Old Password:

New Password:

Repeat New Password:

Figure 15-1: Employee login password management screen

## — Communication Preference

New Mexico Public Schools Insurance Authority

Main View or Change My Information Enrollment Beneficiary Retire Contact Us Management Logout

EE\_Confirmation Email Confir

## DAFFY D DUCK

Email Address : ghwa@easitpa.com

Change Email:

New Email Address :

Allow Send Email :  Not Sure  Yes  No

Figure 15-2: Employee e-mail communication preference.