



NEW MEXICO HIGHLANDS UNIVERSITY®

Acknowledgement of 31-Day Period

I, _____, have been informed that if I am eligible, I will have the option to enroll in group insurance coverage. I understand that I have thirty-one (31) days from the date of employment in which to enroll or decline coverage. I also understand that I should contact the Benefits Office in the Human Resource Department to enroll in or waive group insurance coverage.

I further understand that failure on my part to enroll within the established time frame will result in my exclusion from group insurance coverage pending open enrollment or a qualifying event (Change in job status of employee/spouse/domestic partner; Marriage or change in marital status; Death of employee/spouse/eligible dependent; Birth of child; Court approved adoption or legal guardianship; or any other circumstances where an individual had other coverage and loses coverage due to circumstances beyond their control which must be evaluated by RMD for eligibility).

Signature: _____

Date: _____

Human Resources Department

SS# _____ Banner ID # @ _____

Employment Date _____

Status _____

Salary/Hourly Rate \$ _____

Signature _____