

This is an amendment to 6.50.1 NMAC, Sections 3, 5 and 7, effective 7/15/2004. This action also renumbers and reformats 6 NMAC 50.1 to 6.50.1 NMAC in conformance with current NMAC requirements.

6.50.1.3 **STATUTORY AUTHORITY:** This part is promulgated pursuant to the Public Schools Insurance Authority Act, [~~Section 22-2-6.7(E) NMSA 1978 (Rple. 1986)~~] Subsection D of Section 22-29-7 NMSA 1978, which directs the NMPSIA to promulgate necessary rules, regulations and procedures for the implementation of the New Mexico Public Schools Insurance Authority Act, Section [~~22-2-6.1~~] 22-29-1 et seq. NMSA 1978 [~~(Rple. 1986)~~].
[10-15-97; 6.50.1.3 NMAC - Rn & A, 6 NMAC 50.1.3, 7/15/2004]

6.50.1.5 **EFFECTIVE DATE:** 3-22-93, unless a later date is cited at the end of a section [~~or paragraph~~].
[10-15-97; 6.50.1.5 NMAC - Rn & A, 6 NMAC 50.1.5, 7/15/2004]

6.50.1.7 **DEFINITIONS:** The definitions listed below cover all rules and regulations concerning risk-related and employee-benefit coverages issued by the authority [~~, Title 6, Chapter 50, Parts 1-15.~~].

A. **"Abatement"** or "recommendation compliance" means the elimination of a recognized risk-related hazard and that the elimination has been implemented as the result of a recommendation.

B. **"Affidavit of domestic partnership"** means a sworn, written statement, in a form approved by the authority, by which both members of a domestic partnership affirm, solely for the purpose of obtaining employee domestic partner benefits through the authority, that:

(1) the partners are in an exclusive and committed relationship for the benefit of each other, and the relationship is the same as, or similar to, a marriage relationship in the state of New Mexico;

(2) the partners share a primary residence and have done so for twelve or more consecutive months;

(3) the partners are jointly responsible for each other's common welfare and share financial obligations;

(4) neither partner is married or a member of another domestic partnership;

(5) both partners are at least 18 years of age;

(6) both partners are legally competent to sign an affidavit of domestic partnership; and

(7) the partners are not related by blood to a degree of closeness that would prevent them from being married to each other in the state of New Mexico.

C. **"Affidavit terminating domestic partnership"** means a sworn, written statement, in a form approved by the authority, by which an employee notifies the authority that domestic partner benefits should be terminated because the employee's domestic partnership relationship is terminated.

~~[B]~~ D. **"Authority"** or "NMPSIA" means the New Mexico public schools insurance authority.

~~[C]~~ E. **"Board"** means the board of directors of the authority.

~~[D]~~ E. **"Business"** means a corporation, partnership, sole proprietorship, firm, organization, or individual carrying on a business; or owning real property other than a personal residence.

~~[E]~~ G. **"Change of status"** means the change of status of an eligible employee or eligible dependent by:

(1) death;

(2) divorce or annulment;

(3) loss of employment;

(4) loss of group or individual health insurance coverage through no fault of the person having the group insurance coverage;

(5) birth;

(6) adoption or child placement order in anticipation of adoption;

(7) legal guardianship;

(8) marriage;

~~[(9) full time student status;~~

~~(10) non full time student status;~~

~~[(11) (9) incapacity; [øf]~~

(10) establishment or termination through affidavit of a domestic partnership; or

[(12)] (11) fulfilling the active-at-work and minimum qualifying number of hours through promotion with salary increase to, or acceptance of, a full-time position with the same participating entity.

~~[F]~~ H. **"Contract period"** when applied to employee benefit or risk-related coverages means the established period of time over which the authority provides insurance to participating entities which term shall be

specified by the board as part of a notice of coverage. The contract period may be different for different offerings. The contract period shall not exceed eight years.

~~[G]~~ I. **"Costs"** means the direct and indirect monetary and economic costs of insurance.

~~[H]~~ J. **"Coverage"** means insurance protection offered to or provided by the authority to persons or entities entitled to participate in the authority offerings.

~~[I]~~ K. **"Creditability"** means allowing credit a day for a day against the time of a pre-existing condition for a new enrollee's past coverage. The past coverage may be used to reduce the pre-existing condition time period defined in ~~[7-42]~~ Subsection VV of 6.50.1.7 NMAC if no more than sixty-three (63) days have run between the termination of past coverage and enrollment. Each day in the former plan reduces time of the pre-existing condition by a day.

~~[J]~~ L. **"Critical hazard"** means any risk-related exposure, hazardous condition, or other circumstance having an above average potential for immediate occurrence and is not immediately life threatening; such a hazard is of less severity than an imminent hazard.

~~[K]~~ M. **"Deductible"** means the dollar amount which will be deducted from any payments made to or on behalf of the participating entity.

N. **"Domestic partner"** means a person related to an employee of an entity offering domestic partner benefits where the employee and the partner submit a properly executed affidavit of domestic partnership and where the employee and the partner presently:

(1) are in an exclusive and committed relationship for the benefit of each other, and the relationship is the same as, or similar to, a marriage relationship in the state of New Mexico;

(2) share a primary residence and have done so for twelve or more consecutive months;

(3) are jointly responsible for each other's common welfare and share financial obligations; and

(4) are not married or a member of another domestic partnership.

O. **"Domestic partner benefits"** means dependent insurance coverage for a domestic partner offered to an employee as a benefit of employment pursuant to a written petition adopted by a member's governing body that:

(1) states that the member's governing body has voted in an open, public meeting to offer or withdraw domestic partner benefits to its employees;

(2) sets forth the percentage contribution, if any, the member will make toward an employee's premium for domestic partner coverage; and

(3) describes any evidence (documentation or other) the member will require in support of an affidavit of domestic partnership; and

(4) is received by the authority at 410 Old Taos Highway, Santa Fe, New Mexico 87501, before the effective date the coverage is to begin or end.

~~[L]~~ P. **"Eligible dependent"** means a person obtaining authority health care coverage based upon that person's relationship to the eligible employee as follows:

(1) a person whose marriage to the eligible employee is evinced by a marriage certificate or who has a legally established common-law marriage in a state which recognizes common-law marriages and then moves to New Mexico;

(2) a person who is the domestic partner of an eligible employee, employed by an entity offering domestic partner benefits;

~~[(2)]~~ (3) an unmarried child under the age of ~~[19]~~ 25, who is either:

(a) a natural child;

(b) a legally adopted child pursuant to NMSA 1978, Section 32A-5-1, et. seq. or otherwise by placement order, court order or decree;

(c) a step child living in the same household who is primarily dependent on the eligible employee for maintenance and support;

(d) a natural or legally adopted child of the eligible employee's domestic partner or a child placed in the domestic partner's household as part of an adoptive placement, legal guardianship, or by court order (excluding foster children) and who is living in the same household and who is primarily dependent on the eligible employee for maintenance and support;

~~[(d)]~~ (e) a child for whom the eligible employee is the legal guardian and who is primarily dependent on the eligible employee for maintenance and support, so long as evidence of the guardianship is evidenced in a court order or decree;

~~[(e)]~~ (f) a foster child living in the same household as a result of placement by a state licensed placement agency, so long as the foster home is licensed pursuant to NMSA 1978 Section 40-7A-1, et. seq.;

~~[(f)]~~ (g) a child living in the same household after a petition for adoption of that child has been filed pursuant to NMSA 1978, Section 32A-5-1 et. seq., and/or a preplacement study is pending for purposes of adoption of the child pursuant to NMSA 1978, Section 32A-5-1 et. seq.; or

~~[(g)]~~ (h) a dependent child pursuant to a qualified medical support order.

~~[(3)]~~ a child otherwise described in Subparagraphs 1. through 7. of Paragraph 2 of this subsection who is between the ages of 19 and 25 and is a full time student at a post secondary institution that is regionally or nationally accredited by an agency that is recognized by the U.S. department of education and the commission on higher education; or an elementary/secondary school that is accredited by a state board of education or its state equivalent, provided that "full time student" shall be a student enrolled in sufficient contact hours in primary, secondary, undergraduate or vocational/technical school to qualify as a full time student under the school's policies or a student enrolled in and taking nine (9) or more semester hours or its quarter or trimester equivalent contact hours in a nationally or regionally accredited graduate school;]

(4) a dependent child over 25 who is wholly dependent on the eligible employee for maintenance and support and who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, provided that proof of incapacity and dependency must be provided within thirty-one (31) days before the child reaches 19 years of age. Any child who becomes so incapacitated while covered shall be allowed to continue coverage thereafter during the period of incapacity, and such times thereafter as may be authorized by the board;

~~[(5)]~~ a surviving spouse defined as follows:

~~_____~~ (a) "surviving spouse" means the spouse to whom an employee was married at the time of death; or

~~_____~~ (b) "surviving spouse" means the spouse to whom a deceased active employee was married at the time of death; and

~~[(6)]~~ (5) a surviving dependent child who is the dependent child of a deceased eligible employee whose other parent is also deceased;

~~[(7)]~~ (6) no provision in ~~[subsections 7.12.1 through 7.12.6 above]~~ Paragraphs 1 through 7 of Subsection P of 6.50.1.7 NMAC shall result in eligibility of any person adopted by an eligible member pursuant to the adult adoption provisions of NMSA 1978, Section 40-14-5; and

~~[(8)]~~ (7) no provision in ~~[subsections 7.12.1 through 7.12.6 above]~~ Paragraphs 1 through 7 of Subsection P of 6.50.1.7 NMAC shall result in eligibility of any person who has met the requirements of any such subsection for the primary purpose of obtaining eligibility under this chapter. Any denial of eligibility under this subsection may be submitted for dispute resolution to the director of the authority pursuant to ~~[6 NMAC 50.10.8.6-7 of this chapter]~~ Paragraph 6 of Subsection F of 6.50.10.8 NMAC, and the director's decision may be appealed ~~[to the authority board for final decision pursuant to that subsection]~~ by following the procedures specified in 6.50.16 NMAC, Administrative Appeal of Authority Coverage Determinations.

~~[M]~~ Q. "Eligible participating entity board member or authority board member" means an active participating entity board member whose entity is currently participating in the authority employee benefits coverages or who is eligible as an active authority board member or as an eligible retiree ~~[(as defined in 7.13)]~~ (Subsection R of 6.50.1.7 NMAC).

~~[N]~~ R. "Eligible retiree" means:

(1) a "non-salaried eligible participating entity governing authority member" who is a former board member, who has served without salary as a member of the governing authority of an employer eligible to participate in the benefits coverages of the authority, and is certified to be such by the director of the authority and has continuously maintained group health insurance coverage through that member's governing authority; and also includes an active member of the authority board and a former member of the authority board who has continuously maintained authority group health insurance. With respect to authority and participating entity board members who begin service after January 1, 1997, they may participate in the benefits coverages during the time of their active service, but at the end of their service shall no longer be eligible for authority coverages.

(2) a "grandfathered retired employee" or "grandfathered retired employee dependent" defined as a retired employee or the dependent of the retired employee which meets all applicable retirement rules of the Educational Retirement Act and educational retirement board but does not receive an Educational Retirement Act pension, and who has been allowed to continue authority coverages prior to the enactment of the Retiree Health Care Authority Act or by agreement between a new member school district or other educational entity.

(3) a "retired employee" who is drawing an Educational Retirement Act pension or with respect to a retired authority employee, a Public Employee Retirement Act pension, and desires to participate in the authority voluntary life coverage.

[~~Q~~] S. **"Eligible employee"** means an employee of an employer eligible to participate in the benefits coverages of the authority, and which includes the following: Eligible participating entity board members [~~(defined in 7.13)~~] (Subsection Q of 6.50.1.7 NMAC), full-time employees [~~(defined in 7.20)~~] (Subsection X of 6.50.1.7 NMAC), or eligible part-time employees [~~(as defined in 7.16)~~] (Subsection T of 6.50.1.7 NMAC). Coverage terminates at the end of the period from which deductions are made from the payroll check or for a board member the day the term expires, and the individual is no longer eligible to be in the benefits program, except for continuation of benefits privileges under state law or COBRA.

[~~P~~] I. **"Eligible part-time employee"** means a person employed by, paid by, and working for the participating entity less than 20 hours but not less than 15 hours per week during the academic school term or terms and is determined to be eligible for participation in authority employee benefits coverages by an annual resolution which, prior to May 1 of the previous year, is adopted by the participating entity governing board and approved by the authority board.

[~~Q~~] U. **"Employee benefits minimum benefit standards"** mean the minimum coverages, minimum limits and other factors as specified in authority rules for which insurance is offered.

[~~R~~] V. **"Established enrollment period"** means the period of time and the dates in which an enrollment period is authorized by the authority. The established period shall be determined by the board on separate lines of employee benefit coverages during the periods the board deems appropriate

[~~S~~] W. **"Financial interest"** means an interest of ten percent or more in a business or an interest exceeding ten thousand dollars (\$10,000.00) in a business. For a board member, official, employee, agent, consultant or attorney this means an interest held by the individual, his or her spouse, his or her domestic partner, or minor children.

[~~T~~] X. **"Full-time employee"** means a person employed by, paid by and working for the participating entity 20 hours or more per week during the academic school term or terms. A full-time employee includes a participating entity board member as defined in authority rules.

[~~U~~] Y. **"Fund"** means the authority account or accounts in which the money received by the authority is held.

Z. **"Governing body"** means the elected or appointed board or other governing body that oversees and makes the policy decisions for the school board or educational entity. (See also **"Participating entity governing board."**)

[~~V~~] AA. **"Health maintenance organization or HMO service area"** means the service area set out in the agreement between the HMO and the authority.

[~~W~~] BB. **"Imminent hazard"** means that conditions or practices exist requiring suspension of the operation so as to avoid the threat of occurrence and which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the recommended abatement.

[~~X~~] CC. **"Ineligible dependents"**

(1) common law relationships of the same or opposite sex which are not recognized by New Mexico law unless domestic partner benefits are offered by the employee's entity;

(2) dependents while in active military service;

(3) parents, aunts, uncles, brothers and sisters;

(4) grandchildren left in the care of an eligible employee without evidence of legal guardianship; and

(5) any other person not specifically referred to as eligible.

[~~Y~~] DD. **"Insider information"** means information which is confidential under law or practice or which is not generally available outside the circle of those who regularly serve the authority as a board member, official, employee, agent, consultant or attorney.

[~~Z~~] EE. **"Insurance"** means basic insurance, excess insurance, re-insurance, retrospective rated insurance, self-insurance, self-insured retention and all other mechanisms to provide protection for risks assumed by the authority.

[~~AA~~] FF. **"Insurance policy"** means one or more basic insurance policies, excess insurance policies, reinsurance policies, retrospective rated insurance policies, or other insurance policies sought or obtained by the authority from one or more insurance companies to provide contractual protection against one or more risks, one or more perils or one or more lines of coverage. The same coverages apply to any self-insured portion of the risk as are defined in the insured portion of the risk.

[~~BB~~] GG. **"Late enrollee"** means an eligible employee enrolled pursuant to [~~8.1.6 or 8.2.4 of Part 10 of this Chapter~~] Paragraph (6) of Subsection A of 6.50.10.8 NMAC or Paragraph (3) of Subsection B of 6.50.10.8 NMAC, subject to [~~7.9 of Part 1~~] Subsection K of 6.50.1.7 NMAC.

~~[CC]~~ HH. "Line" means insurance protection which protects against a specific category or set of perils.

~~[DD]~~ II. "Loss prevention" means a system for identification and reduction of risk-related exposures, hazardous conditions, or other circumstances likely to produce a loss with regard to the applicable coverage provided by the authority.

~~[EE]~~ JJ. "Loss prevention representative" means the employee of the contracted risk-related agency or the authority charged with the responsibility of providing loss prevention services to the authority.

KK. "Member" and "members" means all public school districts and charter schools mandated by the New Mexico Public Schools Insurance Authority Act, NMSA 1978, Section 22-2-6.1 *et seq.* to be members of the authority and all other educational entities voluntarily participating in the authority.

~~[FF]~~ LL. "Minimum participation level" means that level of required participation by eligible employees of a participating entity in the authority employee benefits coverages for the particular line of coverage. The percentage level of required participation may vary from one line of coverage to another line of coverage as determined by the board from time to time.

~~[GG]~~ MM. "Multi-option offering" refers to a health plan coupled with one or more HMO plans where all of the plans shall be considered as a single health offering in which the participant has a choice between a health indemnity plan and one of the HMO plans offered in the geographic areas.

~~[HH]~~ NN. "Native American employees" or "Native American dependents" are those persons on the membership rolls of any recognized Indian tribe, nation, or pueblo.

~~[H]~~ OO. "Offering" refers to any single line offering, multi-option or package offering offered by the authority.

~~[JJ]~~ PP. "Other educational entity" means an authority member or eligible member as defined in Section 22-2-6.3 NMSA.

~~[KK]~~ QQ. "Package offering" refers to the combining together of two or more lines of insurance by the authority to offer insurance to any person or entity authorized to participate in the authority's coverage. Normally, the authority will create a package offering to combine one or more lines of insurance for which there is generally no insurance policy commercially available in most parts of the state with one or more lines of insurance which are readily commercially available in most parts of the state. An example of this type of package offering is the combining together of civil rights and personal injury insurance for which there is generally no insurance policy commercially available in most parts of the state with property and personal property insurance for which there is generally an insurance policy commercially available in most parts of the state. The combining of more than one line of insurance in this fashion is designed to provide coverage for lines which are not generally available and to reduce the overall cost of coverage.

~~[LL]~~ RR. "Participant" means a person receiving employee benefit coverage from the authority for the particular line of coverage.

~~[MM]~~ SS. "Participating entity" means a school district, an educational entity or other person or entity receiving authority coverage of one or more offerings.

~~[NN]~~ TT. "Participating entity board member" means a person that is elected or appointed to serve and is serving as a member of the governing board of a participating entity or the authority.

~~[OO]~~ UU. "Participating entity governing board" means the elected or appointed board or other governing body that oversees and makes the policy decisions for the school board or educational entity.

~~[PP]~~ VV. "Pre-existing condition" means a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received by the enrollee within the time period prior to enrollment and such person may enroll (if permitted by these rules) in the point of service, non-HMO plan only as follows:

- (1) persons enrolling late, eighteen months;
- (2) persons eligible as a result of "special events" pursuant to ~~[7-54]~~ Subsection HHH of 6.50.1.7 NMAC six months, except for newborns, adoptions, placements for adoption which shall not be subject to pre-existing condition; or
- (3) new eligible employees enrolled pursuant to ~~[8-1-2, part 10]~~ Paragraph 2 of Subsection A of 6.50.10.8 NMAC, six months;
- (4) pre-existing conditions are subject to creditability defined in ~~[7-9]~~ Subsection K of 6.50.1.7 NMAC.

~~[QQ]~~ WW. "Public official" means a person serving the authority as board member, official, employee, agent, consultant or attorney or as a member of an *ad. hoc.* or standing authority advisory committee.

~~[RR]~~ XX. "Recommendation" means a method or means of risk-related corrective action suggested to a participating entity to eliminate a designated hazard.

~~[SS]~~ YY. "Request for waiver" means a request for waiver of participation.

~~[TT]~~ ZZ. "Review board" means the risk related loss prevention review board and in the event such is not designated by the board means the risk advisory committee of the board.

~~[UU]~~ AAA. "RFP" means a request for proposals and consists of all papers including those attached to or incorporated by reference in a document used to solicit proposals for insurance policies or professional services.

~~[VV]~~ BBB. "Risk-related coverage" includes, but is not limited to, the following types of protection:

(1) all types of property, inland marine, boiler and machinery coverage, including but not limited to buildings, contents, valuable papers, extra expense, electronic data processing and media, personal property, owned builder's risk coverage, loss of rents, architects fees, property in transit, accounts receivable, glass, fine arts, building sprinkler leakage, acts of vandalism and malicious mischief, civil authority clause, earthquake or flood damage, mobile equipment, ordinary deficiency clause, drop down coverage, tuition fees and removal clause;

(2) all types of crime coverage, including but not limited to theft, larceny, embezzlement, burglary, robbery - inside and outside, employee dishonesty, faithful performance, depositor's forgery, counterfeit papers, mysterious disappearance and fiduciary responsibility;

(3) all types of general liability coverage, including but not limited to bodily injury, property damage, personal injury, errors and omissions, all types of malpractice, employer's liability, school board member's liability, host liquor law liability, cross liability, watercraft liability and employee benefits liability;

(4) all types of civil rights and personal injury liability coverage, including but not limited to bodily injury, mental injury, mental anguish, shock, sickness, disease, disability, violation of civil rights, false arrest, false imprisonment, wrongful eviction, detention, malicious prosecution, discrimination, humiliation, invasion of rights of privacy, libel, slander or defamation of character, piracy, infringement of copyright or property, erroneous service of civil papers, assault and battery, disparagement of property and including injunctive relief;

(5) all types of motor vehicle and fleet physical damage and liability coverage, including but not limited to physical damage, medical payments, collision, comprehensive, non-owned and hired vehicles, bodily injury and property damage, uninsured and underinsured motorist, automatic acquisition and garage keeper's legal liability;

(6) all types of school bus physical damage and liability coverage, including but not limited to physical damage, medical payments, collision, comprehensive, non-owned and hired vehicles bodily injury and property damage, uninsured and underinsured motorist, automatic acquisition and garage keeper's legal liability; and

(7) all types of worker's compensation coverage, including but not limited to worker's compensation, employer's liability, and occupational disease and disablement.

~~[WW]~~ CCC. "Risk-related financial standards" means the total of all direct and indirect costs of the insurance offered.

~~[XX]~~ DDD. "Risk-related minimum benefit standards" mean the minimum perils, minimum coverages, minimum limits and other factors as specified in ~~[6-NMAC-50.13]~~ 6.50.13 NMAC for which insurance is offered.

~~[YY]~~ EEE. "School district" means any school district as defined in Section 22-1-2 N.M.S.A. 1978, excluding any school district with a student enrollment in excess of sixty thousand students.

~~[ZZ]~~ FFF. "Self-insured retention" means that dollar amount from the first dollar of loss to a dollar level determined by the authority for which there is no insurance policy covering the risk and the risk of loss is retained by the authority.

~~[AAA]~~ GGG. "Single line offering" means the offering of a single line of insurance by the authority to any person or entity authorized to participate in the authority's coverage. Examples of these types of single line offerings are worker's compensation insurance coverage and dental insurance coverage.

~~[BBB]~~ HHH. "Special events" mean events that permit enrollment in employee-benefits coverages subject to any pre-existing conditions defined in ~~[7.42]~~ Subsection VV of 6.50.1.7 NMAC. These types of special events are listed as follows.

(1) The employee is eligible but not enrolled and suffers a loss of coverage because coverage of the employee's spouse, domestic partner or child under another plan is terminated as a result of divorce, death, termination of employment, reduction in hours, legal separation or termination of employer contributions.

(a) Upon the occurrence of the special event defined in ~~[7.54.1]~~ Paragraph (1) of Subsection HHH of 6.50.1.7 NMAC, if there is a loss of coverage by an employee, there may be enrolled within thirty-one (31)

days of the loss of coverage the employee only; the employee and spouse or domestic partner; the employee and child/children; or the employee, spouse or domestic partner and child/children.

(b) Upon the occurrence of the special event defined in ~~[7.54.1]~~ Paragraph (1) of Subsection HHH of 6.50.1.7 NMAC, if there is a loss of coverage by a spouse or domestic partner, there may be enrolled within thirty-one (31) days of the loss of coverage the employee, spouse or domestic partner and child/children.

(c) Upon the occurrence of the special event defined in ~~[7.54.1]~~ Paragraph (1) of Subsection HHH of 6.50.1.7 NMAC, if there is a loss of coverage by a child/children, there may be enrolled within thirty-one (31) days of the loss of coverage the child/children.

(2) The employee is a participant in the plan and the employee's spouse, domestic partner or child suffers a loss of coverage. On occurrence of this special event there may be enrolled within thirty-one (31) days the spouse, domestic partner and or the child/children.

(3) The employee is eligible, but not enrolled in the plan and the employee marries or establishes a domestic partnership by affidavit. On occurrence of this special event there may be enrolled within thirty-one (31) days the employee only; the employee and spouse or domestic partner only; or the employee, spouse or domestic partner and all eligible children.

(4) The employee is eligible, but not enrolled in the plan and a child is born, adopted or placed for adoption in the employee's family. On occurrence of this special event there may be enrolled within thirty-one (31) days the employee only; the employee and spouse or domestic partner only; or the employee, spouse or domestic partner and all eligible children.

(5) The employee is enrolled in the plan and marries or establishes a domestic partnership by affidavit. On the occurrence of this special event the spouse or the spouse and all eligible children may be enrolled within thirty-one (31) days of the marriage.

(6) The employee is enrolled in the plan and a child is born, adopted or placed for adoption in the employee's family. Within thirty-one (31) days of the occurrence of this special event the spouse or domestic partner, or the spouse or domestic partner and all eligible children may be enrolled.

~~[CCC]~~ III. "State" means the state of New Mexico.

~~[DDD]~~ JJJ. "Waiver" or "waiver of participation" means a written document issued by the authority to a school district excusing the school district participation in an authority offering. A school district may submit a request for waiver of participation for each authority offering.

[09-26-86; 10-27-88, 11-4-88, 03-22-93, 05-20-94; 10-15-97; 6.50.1.7 NMAC - Rn & A, 6 NMAC 50.1.7, 7/15/2004]