NEW MEXICO EXECUTIVE EMPLOYEE
AFFIRMATIVE ELECTION FORM

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

PLEASE TYPE OR LEGIBLY PRINT ALL ENTRIES EXCEPT SIGNATURE

I, ________________________________, am a "worker" as defined in the New Mexico Workers' Compensation Act, §52-1-1, et seq. or the New Mexico Occupational Disease Disablement Law, §52-3-1, et seq. (the Acts). I am employed by ________________________________.

(NAME OF CORPORATION)

a Corporation subject to the provisions of one or both of the Acts. Pursuant to §52-1-7 or §52-3-6 of the Acts, I AFFIRMATIVELY ELECT NOT TO ACCEPT THE PROVISIONS OF THE WORKERS' COMPENSATION ACT OR THE NEW MEXICO OCCUPATIONAL DISEASE DISABLEMENT LAW. I meet the qualifications of §52-1-7 or §52-3-6 as follows:

• I am the chairperson of the board, president, vice president, secretary or treasurer or other executive officer of employer Corporation; and
• I own ten percent or more of the outstanding stock of employer Corporation

I understand that by accepting this Affirmative Election, it applies to all corporations in which I have a financial interest. I further understand that if I wish to revoke my election, I am required by law to file a revocation with my insurance carrier and with the WCA Director's Office, and to mail a copy of the revocation to the board of directors of employer Corporation(s). I further agree to notify the WCA Director's Office of any changes in my §52-1-7 or §52-3-6 status.

I swear or affirm under penalty of perjury that I have read the foregoing Affirmative Election in its entirety and understand the information contained therein is true and correct to the best of my knowledge.

Unemployment Insurance Number: ________________________________

Federal Employer Identification Number: ________________________________

Signature: ________________________________ Date: ________________________________

Executive Title: ________________________________

STATE OF ________________________________ ss.

COUNTY OF ________________________________

The foregoing instrument was subscribed and sworn to before me this _____ day of _____, ______.

____ Day ______ Month ______ Year

_____________________________ (NOTARY PUBLIC)

My commission expires: ________________________________

WC/CB A-I (06/98)

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