

**STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION**

**NEW MEXICO EXECUTIVE EMPLOYEE
AFFIRMATIVE ELECTION FORM**

I, _____, am a "worker" as defined in the New Mexico Workers'
NAME

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 _____, a Corporation
NAME OF 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.

Signature: _____

UI Number _____

Executive Title: _____

FE ID Number _____

STATE OF)
) ss.
COUNTY OF)

The foregoing instrument was subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

My Commission Expires