

ACORD™ **NEW MEXICO EXECUTIVE EMPLOYEE EXEMPTION**

State of New Mexico
WORKERS' COMPENSATION ADMINISTRATION

GARY E. JOHNSON
GOVERNOR

STEPHEN W. KENNEDY
ACTING DIRECTOR

1820 RANDOLPH RD. S.E.
P.O. BOX 27198
ALBUQUERQUE, N.M. 87125-7198
(505) 841-6000

PLEASE TYPE OR LEGIBLY PRINT ALL ENTRIES EXCEPT SIGNATURE

I, _____, do hereby certify that I own 10% or more of the out-
(Executive Employee)

standing stock of _____
(Name of Corporation/DBA(s))

who is an employer pursuant to Sections 52-1-7 and 52-3-6 NMSA 1978. Full knowledge is present in making the ELECTION NOT TO ACCEPT PROVISIONS OF THE NEW MEXICO WORKERS' COMPENSATION ACT AND OCCUPATIONAL DISEASE DISABLEMENT LAW, and the following stated conditions exist:

- A) Executive Employee status can be verified and,
- B) Executive Employee is employed by corporation and,
- C) Executive Employee fully understands that this rejection shall apply to all NM corporation(s) in which the executive employee has a financial interest and,
- D) Executive Employee agrees to notify the Director's Office of any changes in the above.

Unemployment Insurance Number: _____ - _____ - _____

Federal Employer Identification Number: _____ - _____ - _____

Signature: _____ Date: _____

Title: _____
(Pres, Vice Pres, Secr, Treas or
Chairman of the Board)

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me this date: _____

(Notary Signature) My commission expires: _____