ACORD™ NEW MEXICO ELECTION TO ACCEPT

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

This is to certify that I, ______________________________, of
(Employer Name)

______________________________, am an employer in the
(Name of Business/DBA(s))

State of New Mexico, who, pursuant to Section 52-1-6 NMSA 1978, ACCEPT the provisions of the New Mexico Workers' Compensation and Occupational Disease Disablement Law. I/We hereby elect to be included in the definition of employer and employee for the purpose of entitlement to the benefits under the law.

Unemployment Insurance Number: ___ ___ - ___ ___ ___ ___ - ___

Federal Employer Identification Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Signature: ______________________________ Date: ______________________________

Title: ______________________________

STATE OF ______________________________

COUNTY OF ______________________________

Sworn and subscribed before me this date: ______________________________

______________________________ My commission expires: ______________________________
(Notary Signature)

WC/EB A-II

© ACORD CORPORATION 1996