



NEW MEXICO LIMITED LIABILITY COMPANY MEMBER 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)

(NAME OF LIMITED LIABILITY COMPANY)

a New Mexico Limited Liability Company 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 a member of employer Limited Liability Company; **and**
- I own a ten percent or more interest, pursuant to §53-19-20, in employer Limited Liability Company

I understand that by accepting this Affirmative Election, it applies to all New Mexico limited liability companies 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: _____

(NOTARY PUBLIC)