STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

ELECTION TO REFUSE THE COVERAGE OF THE WORKERS' COMPENSATION ACT AND OCCUPATIONAL DISEASE AND DISABLEMENT LAW

PLEASE TYPE OR LEGIBLY PRINT ALL ENTRIES EXCEPT SIGNATURE.

I, _____, am the sole-proprietor of
(Name)

_____.
(Name of business)

- I own all the assets of my business.
- I am liable for the debts of my business.
- I understand that if my business is engaged in activities subject to the licensing requirements of the Construction Industries Licensing Act, I am required to buy insurance even if I am the only worker in the business.
- I understand that this election applies only to myself as a worker in my business.
- CHECK ONE: ( ) No one works for me in my business OR
  ( ) I employ workers other than myself in my business.

I choose to have NO coverage for myself under the Workers' Compensation Act and Occupational Disease and Disablement Law.

_____ _____
Signature Date

UI Number: _____ FEIN Number: _____

STATE OF _____)
) ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me on the _____ day of _____, 20_____ by _____.

_____
Notary Public

My commission expires:

_____