

## PREMIUM AUDIT REVIEW REQUEST FORM

<b>Date Submitted:</b>	
<b>Policyholder Name:</b>	<b>Policy Number:</b>
<b>Contact Name:</b>	<b>Contact Phone Number:</b>
<b>Contact E-mail:</b>	

**Request is being submitted by agent**

If you do not agree with certain items of the Premium Audit Worksheet, review the following requirements, complete this form, and submit your completed form with all necessary supporting documentation **within 30 days of the Premium Audit Worksheet date.**

Your request **must** identify the disputed items, the exact reason for the disagreement including codes, payrolls or individual workers **and** attach all necessary supporting documentation.

**Note:** While your request is under review, you **must** submit payments for any undisputed amounts due on the Premium Audit Worksheet and due on your current policy period in order to maintain effective coverage and avoid cancellation.

**Reason for Review** – Please briefly describe the disputed item(s). Please also include any appropriate documentation to support disputed items. **Submit** by E-MAIL to [audit@newmexicomutual.com](mailto:audit@newmexicomutual.com) or FAX to 505-348-9320

<input type="checkbox"/>	Officer(s) Mis-classified. Please provide details of the officer’s daily duties
<input type="checkbox"/>	Employee(s) Mis-classified. Please provide names(s), detailed job description and payroll records.
<input type="checkbox"/>	Subcontractor / Independent Contractor Issue.
<input type="checkbox"/>	Audited Payroll is not correct. Please provide complete payroll reports.
<input type="checkbox"/>	Other: