

## PREMIUM AUDIT REVIEW REQUEST FORM

Date Submitted:	
Policyholder Name:	Policy Number:
Contact Name:	Contact Phone Number:
Contact E-mail:	

☐ 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: