

**STATE OF NEW MEXICO  
WORKERS' COMPENSATION ADMINISTRATION**

CID SOLE PROPRIETOR AFFIRMATIVE ELECTION FORM

I, \_\_\_\_\_, (please print name) under penalty of perjury and after having been duly sworn, state that I affirmatively elect **NOT TO ACCEPT** the provisions of the Workers' Compensation Act and the Occupational Disease and Disablement Law pursuant to NMSA 1978 §52-1-7 or §52-3-6. In support of this election, I affirm and acknowledge the following to be true:

- 1) I am the sole owner of \_\_\_\_\_.  
(Name of business – please print clearly)
- 2) I own all the assets of my business and am solely liable for the debts of my business.
- 3) No one works for me in my business.
- 4) I have a license from the Construction Industries Division and I am engaged in business activities that fall under the Construction Industries Licensing Act.
- 5) I understand that if I decide to hire any employee, even if on a temporary basis, I am required to buy workers' compensation insurance immediately and to notify the Workers' Compensation Administration.
- 6) I understand that I may face significant monetary penalties, up to \$1,000 for each occurrence, and that my business may be shut down if I fail to secure workers' compensation insurance upon hiring an employee, even temporarily.
- 7) I also understand that if I do hire an employee and fail to obtain workers' compensation insurance, I may be responsible for the costs associated with any claim for workers' compensation benefits by such employee, including the costs of medical and disability payments.
- 8) I further understand that by making this election not to accept the provisions of the Workers' Compensation Act and Occupational Disease Disablement Law, I will not be entitled to workers' compensation benefits from the Uninsured Employers' Fund.

Signature: \_\_\_\_\_

UI Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

FEIN Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

) ss.

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN OR AFFIRMED to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

Please retain a copy of this form for your records.