STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

LIMITED LIABILITY COMPANY MEMBER AFFIRMATIVE ELECTION

PLEASE TYPE OR LEGIBLY PRINT ALL ENTRIES EXCEPT SIGNATURE.

I, _____ (Name), am a "worker" as defined in the New Mexico Workers' Compensation Act or the New Mexico Occupational Disease Disablement Law ("the Acts"). I am employed by _____ (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, I affirmatively elect **NOT TO ACCEPT** the provisions of the Workers' Compensation Act or the New Mexico Occupational Disease Disablement Law. I meet the qualification 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 in employer Limited Liability Company pursuant to NMSA 1978, §53-19-20.

I understand that by making 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 the limited liability company. 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.

Signature: _____ UI Number: _____

Executive Title: _____ FEIN Number: _____

STATE OF _____)
) ss.
COUNTY OF _____)

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

_____
Notary Public

My commission expires:

_____