



New Business Affidavit

NEW MEXICO HEALTH INSURANCE ALLIANCE

P. O. Box 5095 • Santa Fe, NM 87502-5095
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Any misrepresentation relating to an employer's eligibility as a small employer or to an individual's eligibility for coverage may be grounds for rescission or cancellation of coverage and such other action as may be appropriate under law.

_____ being first duly sworn does hereby state that he/she
(Name)

is actively engaged in an ongoing business known as _____
(Business Name)

located at _____ and reasonably
(Business address) (City)

expects to average between two and 50 employees or will remain a 1+1 group for the next two years.

(Signature)

(Federal ID # or Social Security Number)

(Business Phone)

ON THIS _____ DAY OF _____, 2011 BEFORE ME, PERSONALLY

APPEARED _____ WHO SIGNED THIS

DOCUMENT.

WITNESSED BY: _____
(Notary Not Required)