

New Mexico Supplemental Employment Verification

To be used with the Quarterly Wage and Tax Report or other proof of wages documentation

| Employer's Name | | | |
|--------------------|------|-------|----------|
| Employer's Address | City | State | ZIP Code |

- Proof-of-wages documentation is required when enrolling new small groups. We encourage employers to submit the most recent Quarterly Wage and Tax Report.
- You must submit this form (New Mexico Supplemental Employment Verification-NMSEV) when you have hired or are compensating employees other than those found on your proof-of-wages documentation.
- On your proof-of-wages documentation, please mark each employee listed with the appropriate status code from the list below.
- Additionally, the status codes below should be used on page 2 of this form.

Each full-time employee must complete an enrollment application indicating whether they are requesting or declining coverage.

STATUS CODES

- F Full-time employee who works 20 or more hours per week
- P Part-time employee who works less than 20 hours per week
- I Independent contractor
- O Owners
- S Seasonal employee or temporary employee
- D Totally disabled employee
- C Continued employee under state or federal law
- T Terminated, no longer employed by the company
- W Full-time employees in waiting period

On page 2 of this form, please list employees not found on the Wage and Tax report:

- New employees who work a minimum of 20 hours per week
- Owners
- Independent contractors
- Other

Please define employees who fall into this category so BCBSNM may determine if they are eligible for coverage. All individuals should be listed even if they decline coverage.

| | NAME | DATE OF FULL-TIME EMPLOYMENT | HOURS WORKED PER WEEK | STATUS CODE | APPLYING FOR COVERAGE (YES) DECLINING COVERAGE (NO) ATTACH APPLICATION | | | | |
|---|---------------------|------------------------------------|-----------------------------|----------------|--|-----|--|--|--|
| 1 | | | | | □ Yes | □No | | | |
| 2 | | | | | □ Yes | □No | | | |
| 3 | | | | | □ Yes | □No | | | |
| 4 | | | | | □ Yes | □No | | | |
| 5 | | | | | □ Yes | □No | | | |
| 6 | | | | | □ Yes | □No | | | |
| 7 | | | | | □ Yes | □No | | | |
| 8 | | | | | □ Yes | □No | | | |
| 9 | | | | | □ Yes | □No | | | |
| 10 | | | | | □ Yes | □No | | | |
| 11 | | | | | □ Yes | □No | | | |
| 12 | | | | | □ Yes | □No | | | |
| 13 | | | | | □ Yes | □No | | | |
| 14 | | | | | □ Yes | □No | | | |
| 15 | | | | | □ Yes | □No | | | |
| 16 | | | | | □ Yes | □No | | | |
| 17 | | | | | □ Yes | □No | | | |
| 18 | | | | | □ Yes | □No | | | |
| 19 | | | | | □ Yes | □No | | | |
| 20 | | | | | □ Yes | □No | | | |
| 21 | | | | | □ Yes | □No | | | |
| 22 | | | | | □ Yes | □No | | | |
| 23 | | | | | □ Yes | □No | | | |
| 24 | | | | | □ Yes | □No | | | |
| 25 | | | | | □ Yes | □No | | | |
| If additional space is needed, please use another Supplemental Employment Verification form. All forms used must be signed and dated. I hereby certify that I have read this document and that the information provided is accurate and complete. I also certify that the information provided here can be substantiated by business records maintained by me. Upon request, I agree to provide the documentation requested by BCBSNM verifying participation and eligibility requirements. I understand that providing incomplete, inaccurate or untimely information may void, reduce or terminate the group's coverage. | | | | | | | | | |
| Signature of Authorized Company Official Title Date Print Name of Authorized Company Official | | | | | | | | | |
| Sign | Signature of Broker | | | | | | | | |

BCBSNM reserves the right to request documents verifying the above information. In addition, it reserves the right to reverify employment information at any time during the course of your contract with BCBSNM.