

**NEW MEXICO INSURANCE POOL
SELF-EMPLOYMENT VERIFICATION FORM**

Individual's Information (SECTION A)	
Applicant/Member Name:	Applicant/Member Social Security Number or Unique ID
	Spouse's Name (if any):
Employment Information for: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Business Information (SECTION B)	
Employer/Business Name:	Telephone Number:
Address:	
How long have you been self-employed?	How many hours a week do you usually work?
Do you have any full time employees (work 30 hours per week or more)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, how many?	
Do you provide group health benefit coverage, either insured or self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If insured, the name of the insurance company: _____	
Do you pay all or part of the cost of employee coverage for any employees other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
If you pay all or part of the cost for employee coverage, is the amount paid for insurance included in the employees' taxable wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, can the employee use the amount paid for any other purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate other permissible uses:	
Does the employer pay for or reimburse or intend to pay or reimburse the person, named above as the employee, for all or part of the Pool premium, either directly or indirectly, including through a Health Reimbursement Arrangement (HRA) or Section 125 Plan (Cafeteria Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intend to provide health coverage for employees in the next 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you working with an agent or third party administrator to secure or establish group coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, the name and telephone number of the agent or the TPA:	
I understand that New Mexico Insurance Code 59A-16-11.1 It is an unfair practice for an insurer or other person to refer an individual employee or an employee's eligible dependent to the plan offered pursuant to the Medical insurance Pool Act [Chapter 59A, Article 54 NMSA 1978] or to arrange for an individual employee or an employee's eligible dependent to apply to the plan, for the purpose of separating that employee or dependent from group coverage provided in connection with the employee's employment.	
Employer's Signature: _____	Title: _____
Date: _____	Printed Name: _____

Another copy of this form is provided on the other side.
Both sides are only required if more than one person is self-employed.

Individual's Information (SECTION A)

Applicant/Member Name:	Applicant/Member Social Security Number or Unique ID
	Spouse's Name (if any):

Employment Information for: Self Spouse Mother Father Other _____

Business Information (SECTION B)

Employer/Business Name:	Telephone Number:
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Address:

How long have you been self-employed?	How many hours a week do you usually work?
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Do you have any full time employees (work 30 hours per week or more)? Yes No
If so, how many?

Do you provide group health benefit coverage, either insured or self-insured? Yes No
If insured, the name of the insurance company: _____

Do you pay all or part of the cost of employee coverage for any employees other than yourself? Yes No
If yes, please explain:

If you pay all or part of the cost for employee coverage, is the amount paid for insurance included in the employees' taxable wages? Yes No
If yes, can the employee use the amount paid for any other purpose? Yes No
If yes, please indicate other permissible uses:

Does the employer pay for or reimburse or intend to pay or reimburse the person, named above as the employee, for all or part of the Pool premium, either directly or indirectly, including through a Health Reimbursement Arrangement (HRA) or Section 125 Plan (Cafeteria Plan)? Yes No

Do you intend to provide health coverage for employees in the next 6 months? Yes No
Are you working with an agent or third party administrator to secure or establish group coverage? Yes No
If yes, the name and telephone number of the agent or the TPA:

I understand that:

New Mexico Insurance Code 59A-16-11.1 It is an unfair practice for an insurer or other person to refer an individual employee or an employee's eligible dependent to the plan offered pursuant to the Medical insurance Pool Act [Chapter 59A, Article 54 NMSA 1978] or to arrange for an individual employee or an employee's eligible dependent to apply to the plan, for the purpose of separating that employee or dependent from group coverage provided in connection with the employee's employment.

Under the Patient Protection and Affordable Care Act (Pub. Law 111-148) section 1101, an issuer or employment-based health plan may be responsible for reimbursing the Federal High Risk Pool (FHRP) program for medical expenses incurred by the program for an individual who found to have been encouraged by the issuer to disenroll from the health benefits coverage prior to enrolling for coverage into the FHRP..

Employer's Signature: _____	Title: _____
Date: _____	Printed Name: _____