



Michelle Lujan Grisham, Governor
Kari Armijo, Cabinet Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Kyra Ochoa, Deputy Secretary
Dana Flannery, Medicaid Director

Small Business Health Insurance Premium Relief Initiative Issuer Attestation Form for Program Year 2024

Issuers must attest that the Small Business Health Insurance Premium Relief Initiative amounts provided to businesses and submitted for reimbursement only represent credits for premium relief for which the Health Care Affordability Fund (HCAF) / New Mexico Health Care Authority (HCA) reimbursement is permitted.

Instructions: Issuer must upload a signed copy of this form to SERFF by **March 21, 2025**. This form must be resubmitted any time an issuer submits data, including during hearings.

Issuer HIOS ID¹: _____

I, _____, certify in my capacity as the authorized preparer for the annual financial reconciliation of the Small Business Health Insurance Premium Relief Initiative for the organization indicated below that:

- I have reviewed the information on the Small Business Health Insurance Premium Relief Initiative amounts provided as calculated under the Annual Reconciliation Template and submitted to the New Mexico Health Care Authority.
- I further certify to the best of my knowledge, information, and belief, the information provided is accurate and that the amounts represent only the Small Business Health Insurance Premium Relief Initiative premium discount/credit for which HCAF/HCA reimbursement is permitted. These amounts were passed through by the issuer to small businesses.
- I understand the information included in this submission is the basis for calculating the Small Business Health Insurance Premium Relief Initiative amounts provided by my organization to eligible entities.

Name of Representative²: _____

Title: _____

Organization: _____

Telephone: _____ Ext.: _____

Email Address: _____

Representative Signature: _____ Date Signed: _____

Senior Executive Signature: _____ Date Signed: _____

¹ The five-digit Health Insurance Oversight System (HIOS)-generated issuer ID number.

² The representative qualified to render an opinion related to the financial aspects of this form.