



New Mexico Office of Superintendent of Insurance

2023 Program Year Issuer Attestation Form: Small Business Health Insurance Premium Relief Initiative

Issuers must attest that Small Business Health Insurance Premium Relief Initiative amounts provided to businesses and submitted for reimbursement only represent credits for premium relief for which HCAF/OSI reimbursement is permitted.

Instructions: Issuer must upload a signed copy of this form to SERFF by March 15, 2024. This form must be resubmitted any time an issuer submits data, including during hearings.

HIOS Issuer ID:¹ _____

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

- I have reviewed the information on Small Business Health Insurance Premium Relief Initiative amount provided as calculated under the Annual Reconciliation Template and submitted to the Office of the Superintendent of Insurance (OSI). 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 OSI/HCAF reimbursement is permitted. These amounts must have been passed through by the issuer to small businesses. I understand the information included in this submission is the basis for calculating Small Business Health Insurance Premium Relief Initiative amounts provided by my organization to eligible entities.

Name of Representative²: _____

Title: _____

Organization: _____

Telephone: _____ *ext:* _____

Email Address: _____

Signature: _____

Date Signed: _____

Senior Executive Signature: _____

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.