



ELECTION OF BENEFITS

I, _____, hereby acknowledge my right to receive benefits pursuant to the New Mexico Workers Compensation Act as the result of an on-the-job-injury. I have decided that I would rather accept my salary or sick leave benefits rather than accept my worker's compensation indemnity benefits. I fully understand that, in accepting my sick leave or salary in the place of my Worker's Compensation benefits, I am expressly giving up my right to receive Worker's Compensation indemnity benefits which my employer is obligated to pay me by law. I also understand that I am not giving up my rights to medical benefits as provided in the Act. I further acknowledge that I have not been coerced, forced or threatened in any manner to accept my salary or sick leave in the place of my Workers' Compensation benefits and that this decision has been made freely after full consideration of my rights and benefits.

Claimant Name : _____
(Please Print)

Claimant's Signature: _____ **Date:** ____/____/____

Witness Name: _____
(Please Print)

Witness's Signature: _____ **Date:** ____/____/____

updated; 01/2014