

Affidavit to Verify Zero Income

STEP 1

Tell us about yourself, please print.

First name

Middle initial

Last name

Last 4 numbers of
Social Security
number

Ref ID

STEP 2

Read and sign this form.

I, _____, do not receive any income at this time.
(Applicant or member printed name)

By signing below, I swear under the pains and penalties of perjury that everything on this form is true and complete to the best of my knowledge.

I know that if I lie on this form, my health coverage might end and I might have to repay the New Mexico Health Insurance Exchange for any tax credits or health benefits I received.

Applicant or member signature

Date (MM/DD/YYYY)



STEP 3

Return this signed form

1. FAX: 505-216-7776

2. Mail: New Mexico Health Insurance Exchange
PO Box 25247
Albuquerque, NM 87123

Questions?

Call our Customer Engagement Center at 1-833-862-3935 or TTY: 711.