



STATE OF NEW MEXICO

Workers' Compensation Administration

ONE TEAM | ONE GOAL

A Better New Mexico for Workers and Employers

CONTACT INFORMATION UPDATE FORM FOR ELECTRONIC SERVICE

This form is to be completed annually by all workers' compensation insurance carriers providing coverage in the state of New Mexico. The information will be used to provide electronic service and notice of filed pleadings in workers' compensation cases. We encourage you to select a general delivery email address that is not associated with an individual adjuster to ensure the timely delivery of notices.

Company Name:	
Mailing Address:	
City:	
State:	
Zip Code:	
Phone Number:	
General Delivery Email:	

If your company has multiple subsidiaries that provide coverage in the state of New Mexico, one form must be completed for each individual company.

Return the completed form to WCA-ClerkoftheCourt@state.nm.us.