



NEW MEXICO HEALTH CARE AUTHORITY
Child Support Services Division



HEALTH CARE
AUTHORITY

<https://yes.nm.gov>

Date:

RE:

Date of Birth:

SSN:

MEMBER ID:

We are attempting to verify the employment of the above referenced individual with respect to their obligation to provide support for their child(ren).

We have information that this individual has been or is presently employed by your firm. We therefore request that you provide us with the information listed below. The information will be used for official purposes pursuant to Federal Law 93-647 and the Code of Federal Regulations. You are authorized to release this information pursuant to Section (b)(7) of the 1974 Privacy Act.

Presently employed? Yes No Begin date: _____

Ever employed? Yes No Termination Date if yes: _____

Occupation: _____

Home (or last known) address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____ Date of Birth (if different from above): _____

Social Security Number (if different from above): _____

Job location (where employee works) Address: _____

City: _____ State: _____ Zip Code: _____

Payroll information:

Gross Salary: \$ _____ per Hour / Week / Month / Year

Pay Cycle: Weekly / Bi-Weekly / Twice Monthly / Monthly

Next Scheduled Pay Date: _____

Work Schedule: _____

Is health insurance available to this employee? Yes No If yes, please indicate which option is available:
 Medical Dental Vision Prescription drug Mental health Other (specify) _____

If Yes, please indicate type: HMO Other insurance

Insurance Company Name: _____

Address: _____

Deductible amount: \$ _____ Group Number: _____

Policy Number: _____ Date Insurance Becomes Effective: _____

Number of dependents claimed _____

Please list the dependent child or children covered by this policy:

Contact Person from Employer: _____

Phone #: _____ Payroll Phone #: _____

Fax #: _____

Email Address (optional): _____

If this person is no longer employed, please provide any information known regarding a new employer:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your cooperation.

Sincerely,

Betina Gonzales McCracken
Betina Gonzales McCracken, Child Support Director



You may respond to this form at <https://yes.nm.gov> or you may complete this form and send it back. If you do respond on the web, you will not have to send this form back.