



New Mexico Public Schools Insurance Authority

Eligibility Administrative Office: Erisa Administrative Services, Inc. • Phone: (800) 233-3164 or (505) 988-4974 • Fax: (505) 988-8943

SCHEDULE B - STATE FILED BIRTH CERTIFICATE REGISTRATION CERTIFICATION

**This form is completed when an employee is enrolling dependent children.
Do not send copies of state publicly filed birth certificates.**

Employee Social Security Number:	Employee Name:	School District / Employer:
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1. Birth Certificate Information:

File No.:	Request No.:	County of Birth:
Date of Birth:	Date of Registration (in mm/dd/yyyy format):	
<u>Name of Person Registered:</u>	Sex:	
Name of Father:	Birth Name of Mother:	

CERTIFICATE NUMBER: _____

2 Birth Certificate Information:

File No.:	Request No.:	County of Birth:
Date of Birth:	Date of Registration (in mm/dd/yyyy format):	
<u>Name of Person Registered:</u>	Sex:	
Name of Father:	Birth Name of Mother:	

CERTIFICATE NUMBER: _____

3 Birth Certificate Information:

File No.:	Request No.:	County of Birth:
Date of Birth:	Date of Registration (in mm/dd/yyyy format):	
<u>Name of Person Registered:</u>	Sex:	
Name of Father:	Birth Name of Mother:	

CERTIFICATE NUMBER: _____

EMPLOYER CERTIFICATION: I attest, under penalty of perjury, that I have viewed the original State publicly filed Birth Certificate presented by the above employee, that it appears to be genuine and relates to the dependent requesting enrollment under this policy.

Employer's Insurance Representative

Date

THIS FORM IS TURNED IN WITH THE EMPLOYEE'S ENROLLMENT APPLICATION /CHANGE CARD