

New Mexico Vaccine Purchasing Act

Submit to: VPA.Data@osi.nm.gov



NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE

BUSINESS CLOSURE: Sample Email

When submitting the Business Closure Information form, please use the follow sample email as a template for the email correspondence to VPA.Data@osi.nm.gov.

Subject: Confirmation of New Mexico Business Closure – **[FEIN]**

Good afternoon,

On behalf of **[Business/Entity Name]**, I am submitting this letter to the New Mexico Office of Superintendent of Insurance as part of the documentation related to **[license cancellation/business closure/line of authority removal/other purpose]**.

I, **[Name]**, serving as **[Officer/Director Title]** for **[Business/Entity Name]**, confirm that the covered entity has had **no current clients, policyholders, members, or covered lives in the State of New Mexico during the prior year.**

To the best of my knowledge, the entity has not provided, administered, marketed, or serviced health insurance-related business for any New Mexico clients during the prior reporting period.

Please contact me if any additional information or documentation is needed.

Sincerely,

[Name]

[Title]

[Business/Entity Name]

[Phone Number]

[Email Address]

[Date]