

Record of Indemnity Benefits

This form is to help you keep a record of all your indemnity benefit payments. After 28 days out of work on your claim, you are entitled to benefit payment for the first 7 days you were not at work.

| Date of Check | Check # | Date of Benefit from: | Date of Benefit to: | Amount |
|---------------|---------|-----------------------|---------------------|----------|
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |
| __/__/__ | _____ | _____ | _____ | \$ _____ |

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.