

Low Income Premium Program Supplemental Application



The Low Income Premium Program (LIPP) is designed to help persons who qualify remain on Pool coverage by offering a reduced premium. Income does not determine pool eligibility. You must meet the eligibility requirements on the NMMIP application to be eligible for coverage.

To find out if you should apply for LIPP, find your household size and the corresponding income amount in the table below. If:

- You are currently enrolled or apply and meet all eligibility requirements for the Pool **and**
- You or someone in your family will pay your monthly premium **and**
- Your total household income is less than the amount listed in the table below you may qualify for a reduced premium and should complete this supplemental application.

PO Box 1090
Great Bend, KS 67530
1-844-728-7896
TTY 1-844-728-7897
Fax: 620-793-1199
www.nmmip.org

If you have questions or need assistance completing this application, contact us at 1-844-728-7896, TTY 1-844-728-7897 or info@nmmip.org.

Qualifying Income Guidelines Effective 7/1/16-6/30/17

Household Size	0-199% of 2016 HHS Poverty Guidelines 75% Premium Reduction	200-299% of 2016 HHS Poverty Guidelines 50% Premium Reduction	300-399% of 2016 HHS Poverty Guidelines 25% Premium Reduction
1	\$0 - \$23,641	\$23,642 - \$35,521	\$35,522 - \$47,401
2	\$0 - \$31,880	\$31,881 - \$47,900	\$47,901 - \$63,920
3	\$0 - \$40,118	\$40,119 - \$60,278	\$60,279 - \$80,438
4	\$0 - \$48,357	\$48,358 - \$72,657	\$72,658 - \$96,957
5	\$0 - \$56,596	\$56,597 - \$85,036	\$85,037 - \$113,476
6	\$0 - \$64,834	\$64,835 - \$97,414	\$97,415 - \$129,994
7	\$0 - \$73,093	\$73,094 - \$109,823	\$109,824 - \$146,553
8	\$0 - \$81,371	\$81,372 - \$122,261	\$122,626 - \$163,151

Applicant Information: Last name		First name	MI	ID Number	
Address			City	State NM	Zip

Premium Payment Certification

I, _____ (name) certify that I, or a member of my family, will be paying my premiums.

Please note: If your premium is being paid by a third party who is not a family member STOP. You are not eligible to participate in the Low Income Premium Program (LIPP).

Household Size

In order to determine if you qualify for a reduced premium, we need information about your household size and last year's total combined income for all persons in your household over age 18. Even if only one person is enrolled in the Pool, we still need information on the *entire* household, since the premium reduction eligibility is based on total household income.

List all the people in your household. Use additional sheets if needed for more household members.

Name	Relationship	Date of Birth

Household Income Information and Verification

NOTE: You do not need to include income information or verification for any member of your household whose income is from Supplementary Security Income (SSI) and/or Temporary Assistance for Needy Families (TANF) **ONLY**.

List total annual income amount for adults in your household *except as excluded above* (from Federal Tax Form: Line 4 of Form 1040EZ, Line 15 of Form 1040A or Line 22 of Form 1040) _____.

In addition:

1. Attach a copy of the previous year's Federal Income Tax forms filed (include certification form if filed electronically) by each household member who had income, *except as excluded above*, and complete and sign the **Federal Tax Form Affidavit** (Affidavit A) portion of this application – **AND/OR** –
2. If any adult in your household had income, *except as excluded above*, but did not file a Federal Income Tax form, they must complete, sign and **notarize the Other Income Source Affidavit** (Affidavit B) portion of this application.

Affidavit A - Federal Tax Form Affidavit *(Make copies for other household members, if necessary)* **Not Required to be Notarized.**

I, _____ (name), swear or affirm that the attached tax form is a true reflection of my income for calendar year 20____, and is a correct copy of the form provided to the Internal Revenue Service (IRS) I CERTIFY that the foregoing answers are true and accurate to the best of my knowledge and belief. I also acknowledge that the Pool may verify this information with state agencies or other sources.

Signature of applicant

Date

Signature of parent or legal guardian if applicant is under age 18, or legally incompetent

Affidavit B - Other Income Source Affidavit *(Make copies for other household members, if necessary)* **Must be Notarized.**

To be completed by any adult in the household who had non-excluded income, but is not required to file a Federal Income Tax Form

I, _____ (name), hereby swear or affirm that I am not required to file a Federal Income Tax return for calendar year 20____, and that my income for this same calendar year was \$_____. My sources of income were:

Income Source Description	Income Amount
Total:	

Signature

Printed name

Home phone

Work phone

Cell or message phone

E-mail address

Subscribed and sworn before me this ____ day of _____, _____ by _____ (name)

My commission expires: _____

Notary Public