

Application for Coverage Newborn



Newborn coverage for the first 31 days after birth is a benefit of the parent's NMMIP policy. Only current NMMIP enrollees are eligible for newborn coverage. At day 32 from the date of birth, the newborn's policy will be canceled, unless there is a qualifying event which would make the newborn eligible for NMMIP. First month's premium must be included with the application.

PO Box 780548
San Antonio, TX 78278
1-866-306-1882
www.nmmip.org

If you have questions or need assistance completing this application, please contact 1-866-306-1882 or email NMMIP_Eligibility@90degreebenefits.com.

Section 1: Applicant Information

| | | | | |
|----------------------------|-----------------------------|----|--|---------------------------------|
| Newborn's Last Name | Newborn's First Name | MI | Gender <input type="radio"/> Female <input type="radio"/> Male | Birth Date (MM/DD/YYYY) |
| NMMIP Enrollee's Last Name | NMMIP Enrollee's First Name | MI | NMMIP Enrollee's ID Number: | NMMIP Enrollee's Date of Birth: |

| | | | |
|---|---|-------|--------------------------------|
| Residence Address (Physical address required) | City | State | Zip |
| Mailing Address (if different than Residence) | City | NM | Zip |
| Home Phone (include area code) | Work Phone (include area code) | | Cell Phone (include area code) |
| Email Address | The newborn will be a resident of the State of New Mexico: <input type="radio"/> Yes <input type="radio"/> No | | |

Section 2: Premium Payment Information

Select the method of payment for your initial premium (must be included for coverage consideration).
Amount \$ _____
 Money Order or Check
 One-time ACH

For one-time, complete and attach Agreement for Preauthorized Payments (ACH Form). If paying premium by check or money order, you must MAIL the application and all attachments WITH the payment.

I certify that the foregoing statements are true and accurate. I understand that no coverage will be effective until the full initial premium is paid and this application has been approved by the NMMIP Administrator. I understand that this policy will automatically be canceled 31 days after the newborn's birth unless there is a qualifying event which makes the newborn eligible for NMMIP. I further understand that this coverage is a benefit of my policy with NMMIP, and I certify that I am the biological, adoptive parent, or legal guardian of this child.

Signature of NMMIP Enrollee

Relationship to Newborn

Date

NMMIP requires first month's premium to be paid.

Make check payable to:

New Mexico Medical Insurance Pool (NMMIP)

Mail complete application and premium check to:

New Mexico Medical Insurance Pool (NMMIP)

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