

Application Checklist

To apply for New Mexico Medical Insurance Pool (NMMIP) coverage, complete and submit the Application for Coverage with this checklist, supporting documents, and first premium payment. *Each family member applying for coverage must complete a separate Application for Coverage and Application Checklist.*

You will be notified once a decision regarding your application has been made. For assistance, contact us at 1-866-306-1882 or email NMMIP_Eligibility@90degreebenefits.com.

Section 1: Applicant Information

- ☐ If Power of Attorney listed (POA), provide documentation with your application submission.
- ☐ **Provide proof of residency** (lease agreement, mortgage statement, utility bill, voter registration, bank or credit card statement, or another document) with your application submission. If you cannot provide any of the aforementioned documents, you may alternatively provide either:
 - Second party attestation letter (Template available at www.nmmip.org)
 - PO Box or General Delivery address at a US Post Office
- ☐ At least one phone number **and** one email address is **required** for your application to be processed. This will aid in future communication. If you submit an application without both pieces of information, the processing of your application will be delayed.

Section 2: Coverage Start Date & Deductible

- ☐ I selected a deductible amount and my preferred month for coverage to begin.

Section 3: Proof of Eligibility

- ☐ **Provide one of the following documents** for proof of eligibility:
 - Rejection Notice or Broker Attestation: If you were denied insurance coverage or are ineligible for any other form of major medical health insurance.
 - Quote: If you received a quote for comparable insurance from an insurance carrier or NMHIX that exceeds the Qualifying Rate of NMMIP.
- ☐ If you qualify under HIPPA as described in this section, provide:
 - Documentation of Prior Coverage: Proof of coverage from your previous insurance carrier(s) such as Individual, Group, COBRA, Medicaid, SCI, etc. Ensure documentation shows 18 months of continuous coverage.

Section 4: Medical Information

- ☐ I noted my Primary Care Physician and/or Specialist.
- ☐ I marked or listed my medical conditions and number of medications.

Section 5: Agent, State Agency/Foundation, Third Party Sponsor

- ☐ If I am working with a broker, state agency, or third party sponsor, I completed this section.

Section 6: Premium Payment Information

- ☐ I understand that my first premium payment or ACH Form is required to be considered for coverage.
 - If an ACH option selected, provide completed Agreement for Preauthorized Payments (ACH Form).
 - If Money Order or Check selected, provide payment.

Section 7: Affirmation, Understanding & Disclosure Authorization

- ☐ I understand that my application cannot be processed if it is not completed **and** signed.
- ☐ I have initialed and signed the application.
- ☐ If applicable, provide completed Low Income Premium Program (LIPP) Application.

Submit this checklist with the Application for Coverage, all supporting documents listed above, first premium payment or ACH Form, and LIPP Application (if applicable) by mail, email, or fax. **If paying first premium by check or money order, you must MAIL the application and all attachments WITH the payment.**

New Mexico Medical Insurance Pool (NMMIP)

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