Application for Coverage Newborn

New Mexico Medical Insurance Pool
"When no one else will help, we're there"

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

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.

For detailed information on newborn coverage, please reference Newborn Care in your Policy Book.

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

Newborn's Last Name	Newborn's First Name	MI	Gender ○ Female ○ 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:

Section 1: Applicant Information

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: ○ Yes ○ 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

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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

WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Pursuant to NMAC 13.1.3.20, a consumer or customer may revoke authorization of disclosure of nonpublic personal information at any time, subject to the rights of an individual who acted in reliance on the authorization prior to notice of the revocation.

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)
PO Box 780548, San Antonio, TX 78278