

# Low Income Premium Program Supplemental Application



The Low Income Premium Program (LIPP) is designed to help persons who qualify remain on State or FHRP coverage by offering a reduced premium.

**INCOME ALONE DOES NOT DETERMINE STATE OR FEDERAL POOL ELIGIBILITY.**

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 **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.

P.O. Box 27049  
Albuquerque, NM 87125-7049  
1-800-432-0750  
Fax: 505-816-5671  
[www.nmmip.org](http://www.nmmip.org)  
Email: [info@nmmip.org](mailto:info@nmmip.org)

If you have questions or need assistance completing this application, please contact us at 1-866-622-4711 or Email: [info@nmmip.org](mailto:info@nmmip.org)

**Qualifying Income Guidelines Effective 7/1/11-6/30/12**

| Household Size | 75% Premium Reduction Income Limit | 50% Premium Reduction Income Limit | 25% Premium Reduction Income Limit |
|----------------|------------------------------------|------------------------------------|------------------------------------|
| 1              | \$21,671                           | \$32,561                           | \$43,451                           |
| 2              | \$29,273                           | \$43,983                           | \$58,693                           |
| 3              | \$36,875                           | \$55,405                           | \$73,935                           |
| 4              | \$44,477                           | \$66,827                           | \$89,177                           |
| 5              | \$52,078                           | \$78,248                           | \$104,418                          |
| 6              | \$59,680                           | \$89,670                           | \$119,660                          |
| 7              | \$67,282                           | \$101,092                          | \$134,902                          |
| 8              | \$74,884                           | \$112,514                          | \$150,144                          |

|                               |                   |             |                  |            |
|-------------------------------|-------------------|-------------|------------------|------------|
| <b>Applicant Information:</b> |                   |             | <b>ID Number</b> |            |
| _____                         | _____             | _____       | _____            |            |
| <i>Last Name</i>              | <i>First Name</i> | <i>MI</i>   |                  |            |
| <b>Address</b>                |                   | <b>City</b> | <b>State</b>     | <b>ZIP</b> |
|                               |                   |             | <b>NM</b>        |            |

**Premium Payment Certification**

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

**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. Even if only one person is enrolled, we still need information on the entire household, since the premium reduction eligibility is based on household (not individual) income.

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

| NAME | Relationship | Date of Birth |
|------|--------------|---------------|
|      |              |               |
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|      |              |               |

