

# Application for Coverage Newborn



Newborn coverage for the first 31 days after birth is a benefit of the mother's Pool policy. Only women already on the Pool are eligible for this coverage. At day 32 from the date of birth, the child's policy will be cancelled, unless there is a pre-existing condition which would make the child eligible for the Pool.

PO Box 27049  
Albuquerque, NM 87125-7049  
866-622-4711  
www.nmmip.org

If you have questions or need assistance completing this application, please contact 1-866-622-4711 or email at info@nmmip.org

1. APPLICANT INFORMATION					
Baby's Last Name	Baby's First name	MI	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (MM/DD/YYYY) ____/____/____	
Pool Enrollee's Last Name	Pool Enrollee's First Name	MI	Pool Enrollee's Birthdate ____/____/____	Pool Enrollee's Pool ID Number: YI_ 8769 _ _ _ _ _	
Residence Address (Physical address required)		City		State	Zip
Mailing Address		City		<b>NM</b>	
Billing Address (if different than mailing)		City			
Email address (optional)		Home Phone	Cell Phone	Work Phone	
The baby will be a resident of the state of New Mexico <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>I understand the first month's premium must be included with the application.</b>					

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 Pool Administrator. I understand that this policy will automatically be cancelled 31 days after the baby's birth unless the baby has a pre-existing condition which makes him/her eligible for the Pool. I further understand that this coverage is a benefit of my policy with the Pool and I certify that I am the biological or adoptive parent or legal guardian of this child.

\_\_\_\_\_  
Signature of Pool Enrollee Named Above date Relationship to applicant

-- Official Use Only --					
Effective Date	Term Date	Auto-pay form attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth Certificate Attached?	
Member Number: YI_ 8769 _ _ _ _ _		Waiver Status:		Meets all Eligibility Criteria to Continue on Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ck#	Amt \$	Group #	Appeal <input type="checkbox"/> Yes <input type="checkbox"/> No	To ED ____/____/____	
Premium \$		LIPP %	LIPP Premium \$		
Received Date:					
Notes:					

**State Pool requires first month's premium to be paid.  
Federal Pool does not.**

**For State Pool, Make Check payable to:  
New Mexico Medical Insurance Pool**

**Mail complete application and premium check (if applying for State Pool) to:**

New Mexico Medical Insurance Pool  
PO Box 27049  
Albuquerque, NM87123-7049

Delivery Address:  
5701 Balloon Fiesta Parkway, NE  
Albuquerque, NM 87113