Application for Coverage Newborn



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

P.O. Box 1090 Great Bend, KS 67530 1-844-728-7896 TTY 1-844-728-7897 www.nmmip.org

If you have questions or need assistance completing this application, please contact 1-844-728-7896, TTY 1-844-728-7897 or email info@nmmip.org.

1. APPLICANT INFORMATION						
Baby's Last Name	Baby's First Name	MI	Gender		Birth Dat	e (MM/DD/YYYY)
			D M	□ F	/	/
Pool Enrollee's Last Name	Pool Enrollee's First Name	MI	Pool Enroll	ee's Pool ID Number:	Pool Enrollee's Birth Date	
					/	/
Residence Address (Physical address required)			City		State	Zip
Mailing Address			City		NM	Zip
Billing Address (if different than mailing)			City			Zip
Email Address (optional)		Home Phone		Cell Phone	Work Phone	
The baby will be a resident of the state of New Mexico.			YES NO			
I understand the first month's premium must be included with the application.						

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 canceled 31 days after the baby's birth unless the baby has a qualifying event 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	Relationship to applicant	Date
State Pc	ool requires first month's premium to be paid.	
	Make check payable to:	
	New Mexico Medical Insurance Pool	
Mail c	omplete application and premium check to:	
	New Mexico Medical Insurance Pool	
	P.O. Box 1090	
	Great Bend, KS 67530	
	If sending via FedEx, mail to:	
	Benefit Management, LLC	
	2015 16 th Street	
	Great Bend, KS 67530	