Notice regarding expedited enrollment:

If you are applying to the New Mexico Medical Insurance Pool and you suspect that you may have the Coronavirus (COVID-19) please mark the checkbox below and return this cover page with your application. You may be eligible for expedited enrollment.

___I am enrolling due to suspected Coronavirus (COVID-19) and I am not eligible for any other coverage.

Please fax to: (505) 424-7107 or email your application to info@nmmip.org to expedite processing and mail the hardcopy and premium to:

NMMIP
PO BOX 1090
Great Bend, KS 67530

*Please take the follow precautions to prevent the spread of the virus and please call the New Mexico Department of Health 24-hour hotline at (505) 827-0006. They will talk with you, assess your situation and help you determine the best course of action to get diagnosed and treated. Importantly, if you do end up going to a health care provider, they will alert that provider so that you can be taken care of in a way that does not expose other patients to the possibility of coronavirus.

What can I do to avoid spreading coronavirus?

- Wash your hands often, for at least 20 seconds, using soap and warm water or alcohol-based hand sanitizer.
- Avoid touching your mouth, nose, or eyes—especially when your hands are not clean.
- Be sure to cover your cough or sneeze with something other than your hands.
- Clean frequently touched surfaces with disinfectant cleaners. Surfaces include tables, doorknobs, light switches, handles, desks, toilets, faucets, and sinks.

For the most up-to-date information in New Mexico regarding the Coronavirus (COVID-19) please see the link to the Department of Health https://cv.nmhealth.org/

If you are not sure whether you are eligible for other coverage and/or need help completing this application, please call 1-844-728-7896 or 505-424-7105. For more information please visit our website www.nmmip.org.
Application for Coverage

Benefit Summary and Premium Rates are available online at 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 us at info@nmmip.org

NOTE: Every person applying for New Mexico Medical Insurance Pool policy, even if in the same family, must complete a separate application.

1. APPLICANT INFORMATION

Complete All Sections in Ink

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Age</th>
<th>Birth Date (MM/DD/YYYY)</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Residence Address (Physical address required)  
City  
State  
NM  
Zip

Mailing Address  
County

Billing Address (if different than mailing)  
State  
County

Email Address (optional)  
Gender  
Home Phone  
Work Phone  
Cell Phone

☐ M  ☐ F

I am a resident of the State of New Mexico.  
☐ YES  ☐ NO

Do you currently use or have you ever used tobacco in any form within the last 12 months?  
☐ YES  ☐ NO

2. REQUESTED COVERAGE START DATE AND DEDUCTIBLE OPTIONS

2.a Coverage is effective the 1st of the month following receipt of an application. What month are you requesting your New Mexico Medical Insurance Pool (Pool) insurance coverage to begin?

2.b Please select a deductible amount:  
☐ $500  ☐ $1,000  ☐ $2,000  ☐ $5,000

3. MEDICAL CONDITIONS (OPTIONAL)

List all prior health conditions:

Date of diagnosis:

Rev 01/01/2020
4. PROOF OF ELIGIBILITY – See the last page for acceptable documentation.

To help us determine if you meet eligibility criteria for either the Pool’s guidelines or the guidelines established in the Health Insurance Portability and Accountability Act (HIPAA), please answer all questions in 4.1 and 4.2:

4.1 General Eligibility

Yes No

☐ ☐ I applied for comprehensive health insurance and received a notice of rejection from an insurance carrier.

☐ ☐ My premium rate for in-force or applied-for individual comprehensive health insurance coverage exceeds the “Qualifying Rate” (posted on www.nmmp.org) of the Pool’s deductible plan nearest my current deductible for my age, tobacco status, and geographical area.

4.2 Eligibility under Portability Criteria (HIPAA)

To be eligible under Health Insurance Portability & Accountability Act (HIPAA) criteria, you must answer yes to the first three (3) questions and provide other documentation:

Yes No

☐ ☐ I have had a minimum of 18 months of continuous coverage with no single gap of more than 95 days,

☐ ☐ the last of which was group coverage through an employer or trade union group health plan (may or may not include COBRA), and

☐ ☐ I am applying to the Pool within 95 days of my prior coverage ending.

DATES OF PRIOR COVERAGE: ___________________________.

4.3 General Exclusions (please check yes or no for each question)

Yes No

☐ ☐ I am 65 or older and eligible for Medicare.

☐ ☐ I am eligible for Medicaid.

☐ ☐ I am eligible for coverage offered by an insurance carrier or the New Mexico Health Insurance Exchange (NMHIX).

☐ ☐ I have or am eligible for an employment-related group health plan or Tricare, either as myself or as a family member.

☐ ☐ I currently have individual comprehensive health coverage. (If you have limited coverage, you may still qualify.)

☐ ☐ I voluntarily dropped Pool coverage within the last 12 months. My last date of coverage with the Pool was _________________.

☐ ☐ My most recent health insurance coverage was terminated due to non-payment of premiums or fraud.

If you answer “yes”, you may not be eligible for coverage.

Please see the application checklist on the last page of this application for documentation to be included with this application.

5. AFFIRMATION, UNDERSTANDING, AND DISCLOSURE AUTHORIZATION

I understand that I am applying to the New Mexico Medical Insurance Pool for an individual policy of medical, surgical, prescription, and hospital insurance. I also understand that my coverage will become effective on the first of the month following receipt of the application by the Pool, unless I am eligible for HIPAA coverage or continuation. If eligible for HIPAA coverage or continuation, I understand that my coverage will become effective the date that my prior group coverage terminated. I will be responsible for paying premiums from my effective date forward.

I affirm that the foregoing answers on this application are complete and correct. I understand that no coverage will be in effect until this application has been accepted and approved, and the full initial premium has been paid.

__________ Applicant: Initial here indicating that you have read and understand the above paragraph.

(A parent/legal guardian/personal representative must initial if the applicant is under 18 years of age or legally incompetent.)
5. AFFIRMATION, UNDERSTANDING, AND DISCLOSURE AUTHORIZATION (continued)

INDIVIDUAL AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

A. A valid authorization to disclose nonpublic personal information pursuant to 13.1.3.14 NMAC shall be in written or electronic form separate from that used for any other purpose and shall contain all of the following:

(1) The identity of the consumer or customer who is the subject of the nonpublic personal information;

(2) A specific description of the types of nonpublic personal information to be disclosed;

(3) Specific descriptions of the parties to whom the licensee discloses nonpublic personal information, the purpose of the disclosure and how the information will be used;

(4) The signature of the consumer or customer who is the subject of the nonpublic personal information or the individual who is legally empowered to grant authority and the date signed; and

(5) Notice of the length of time for which the authorization is valid and that the consumer or customer may revoke the authorization at any time and the procedure for making a revocation.

B. An authorization for the purposes of this rule shall specify a length of time for which the authorization shall remain valid, which in no event shall be for more than twenty-four (24) months.

C. A consumer or customer who is the subject of nonpublic personal information may revoke an authorization provided pursuant to this rule at any time, subject to the rights of an individual who acted in reliance on the authorization prior to notice of the revocation.

D. A licensee shall retain the authorization or a copy thereof in the record of the individual who is the subject of nonpublic personal information.

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.

Signature of applicant (or parent/legal guardian/personal representative if applicant is under 18 years of age or legally incompetent):

Date

If signed by a personal representative of the applicant, please complete the following:

Personal representative name (please print)  Relationship to applicant (attach legal document if other than parent)
6. AGENT, STATE AGENCY, OR FOUNDATION ASSISTANCE

Insurance agents in your community are able to assist you in completing this application at no cost to you.

I certify by my signature that follows that I have explained eligibility provisions to the applicant and assure that the application is complete and accurate. I have made no statements of benefits, conditions, limitations, or exclusions of the agreement except through written material furnished by the Pool. I have informed the applicant that the effective date of coverage is not guaranteed, and if approved, is determined by the New Mexico Medical Insurance Pool.

Agent/Broker signature certifies that the agent has substantially assisted with the completion of this application and has conducted a final review prior to submission to ensure that the application is complete and accurate. If the application is not complete and accurate, the Pool may choose not to pay the agent fee.

<table>
<thead>
<tr>
<th>Agent Name</th>
<th>Tax ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
<td>New Mexico License Number</td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>Email</td>
<td>Phone</td>
</tr>
<tr>
<td>Agent Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

If enrolling through a State Agency or a Foundation, please complete:

<table>
<thead>
<tr>
<th>State Agency/Foundation Name</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>Email</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Submit To: New Mexico Medical Insurance Pool (NMMIP)
P.O. Box 1090
Great Bend, KS 67530
APPLICATION CHECKLIST

BEFORE MAILING YOUR APPLICATION, PLEASE COMPLETE THIS CHECKLIST.

_____ I have completed every line in Section 1.
_____ I have chosen a deductible amount and given a preferred month for my insurance to start in Section 2.

Section 5—Proof of Eligibility Documentation
Section 5.1 I have included at least one of the following:

_____ Rejection notice from an insurance carrier or the New Mexico Health Insurance Exchange (NMHIX) for insurance coverage comparable to that offered by the Pool

Or

_____ Quote for comparable insurance from an insurance carrier or the New Mexico Health Insurance Exchange (NMHIX) that exceeds the “Qualifying Rate” of the Pool

Section 5.2 HIPAA Proof of Eligibility Documentation
Note: If qualifying HIPAA, please ensure that there is proof of 18 months of coverage

_____ Documentation of coverage from your prior insurance carrier(s) - Individual, Group, COBRA, Medicaid, SCI, etc.

Are You Ready to Submit Your Application?

Note: Only Originals will be accepted to approve the application for coverage – No Copies or Faxes

Faxed Applications may be submitted to guarantee an effective date only

Original Application, Supporting Documents and Payment must be submitted before the Application is processed and approved.

Fax: 620-793-1199

Yes  ☐   No  ☐
☐      ☐   Is the application signed?
☐      ☐   Have you filled out the application checklist (above)?
☐      ☐   Have you attached all the required documentation? (see application checklist)
☐      ☐   Have you included a check for the first month’s premium payable to NMMIP?
(Premium rates are posted on www.nmmip.org)