

# Application for Coverage Medicare Carve-Out



To be eligible for the Medicare Carve-Out plan, you must be under age 65 and be enrolled in Medicare Parts A **and** B due to disability.

PO Box 780548  
San Antonio, Tx 78278  
1-866-306-1882  
Fax 210-239-8449  
www.nmmip.org

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

If you have questions or need assistance completing this application, please contact 1866-306-1882 or email NMMIP\_Eligibility@90degreebenefits.com.

1. APPLICANT INFORMATION						
Last Name	First Name	MI	Age	Birth Date (MM/DD/YYYY) ____/____/____	Social Security Number ____-____-____	
Residence Address (Physical address required)		City		State <b>NM</b>	Zip	
Mailing Address		City			County	
Billing Address (if different than mailing)		City		State	County	
Email Address (optional)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone	Cell Phone	Work Phone		
I am a resident of the state of New Mexico.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
I understand the first month's premium must be included with the application.						

## 2. Qualifying Conditions

Please answer every question

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am under 65 years of age and enrolled in Medicare due to a disability.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have Medicare ( <b>copy of your award letter or Medicare Card is required with this application</b> ).<br>Part A Effective Date: _____<br>Part B Effective Date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have other insurance (other than Medicare).<br>If "yes", with what insurance company? _____<br>When does coverage end? _____ Why is coverage ending? _____             |

