New Mexico Medical Insurance Pool
"When no one else will help, we're there"

New Mexico Medical Insurance Pool Termination Request

Note: Insurance agents are available to assist you at no cost.

Please cancel my coverage with the New Mexico Medical Insurance Pool effective _____
mm/dd/yyyy

Reason (provide proof):

Effective Date (mm/dd/yyyy):

- ☐ Obtained coverage through the Exchange _____
- ☐ Obtained coverage through Centennial Care _____
- ☐ Obtained coverage through the Commercial Market _____
- ☐ Qualified for Medicare _____
- ☐ Moved out of State
- ☐ Other (Please specify) _____

_____ _____
Signature Date

Printed name _____ Policy # __ __ __ __ __

Address _____

City, State, Zip _____

Telephone # _____

By my signature above, I certify that I have received assistance from the following agent:

Agent Name (printed)		Tax ID Number	
Agency Name		New Mexico License Number	
Street Address	City	State	Zip
Email		Phone	Fax
Agent Signature		Date	

Agent signature certifies that the agent has substantially assisted the individual listed above with acquisition of other health insurance coverage. If it is determined that the agent did not assist the above named individual, the Pool may choose not to pay the agent fee.

Mail:
New Mexico Medical Insurance
Pool P.O. Box 780548
San Antonio, TX 78278
or
Fax: 210-239-8449
nmmip_eligibility@90degreebenefits.com