

# 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 780548  
San Antonio, Tx 78278  
1-866-306-1882  
www.nmmip.org

If you have questions or need assistance completing this application, please contact 1-866-306-1882 or email [NMMIP\\_Eligibility@90degreebenefits.com](mailto:NMMIP_Eligibility@90degreebenefits.com).

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 Pool ID Number:	Pool Enrollee's Birth Date ____/____/____	
Residence Address (Physical address required)			City	State  <b>NM</b>	Zip
Mailing Address			City		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. <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 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 Pool requires first month's premium to be paid.**

**Make check payable to:**

New Mexico Medical Insurance Pool

**Mail complete application and premium check to:**

New Mexico Medical Insurance Pool

P.O. Box 780548

San Antonio, Tx 78278

**If sending via FedEx, mail to:**

New Mexico Medical Insurance Pool

P. O. Box 780548

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