

Low Income Premium Program Supplemental Application



The Low Income Premium Program (LIPP) is designed to help persons who qualify remain on Pool coverage by offering a reduced premium.

INCOME ALONE DOES NOT DETERMINE POOL ELIGIBILITY.

To find out if you should apply for LIPP, find your household size and the corresponding income amount in the table below. If:

- You are currently enrolled or apply and meet all eligibility requirements for the Pool **and**
- You or someone in your family will pay your monthly premium **and**
- Your total household income is less than the amount listed in the table below you may qualify for a reduced premium and should complete this supplemental application.

PO Box 27630
 Albuquerque, NM 87125-7630
 1-800-432-0750
 Fax: 505-816-5671
www.nmmip.org
info@nmmip.org

If you have questions or need assistance completing this application, Please contact the Pool at (505) 424-7105, toll-free 1-866-622-4711 or info@nmmip.org

Qualifying Income Guidelines Effective 1/1/09-6/30/09

| Household Size | 75% Premium Reduction Income Limit | 50% Premium Reduction Income Limit | 25% New / 45% Existing* Income Limit |
|----------------|------------------------------------|------------------------------------|--------------------------------------|
| 1 | \$20,696 | \$31,096 | \$41,496 |
| 2 | \$27,860 | \$41,860 | \$55,860 |
| 3 | \$35,024 | \$52,624 | \$70,224 |
| 4 | \$42,188 | \$63,388 | \$84,588 |
| 5 | \$49,352 | \$74,152 | \$98,952 |
| 6 | \$56,516 | \$84,916 | \$113,316 |
| 7 | \$63,680 | \$95,680 | \$127,380 |
| 8 | \$70,844 | \$106,444 | \$142,044 |

*New enrollees receive 25% reduction in premium; existing enrollees are discounted 45%

| | | | | | |
|---|--|------------|------|--------------------------|-----|
| Applicant Information: Last name | | First name | MI | Pool Insurance ID Number | |
| Address | | | City | State NM | Zip |

Premium Payment Certification

I, _____ (name) certify that I, or a member of my family, will be paying my premiums.

Please note: If your premium is being paid by a third party who is not a family member STOP. You are not eligible to participate in the Low Income Premium Program (LIPP).

Household Size

In order to determine if you qualify for a reduced premium, we need information about your household size and last year's total combined income for all persons in your household. Even if only one person is enrolled in the Pool, we still need information on the entire household, since the premium reduction eligibility is based on household (not individual) income. *List all the people in your household who are related: brothers, sisters, parents, natural and adopted children, grandparents, aunts, uncles, nieces, nephews and spouse: Use additional sheets if needed for more household members.*

| Name | Relationship |
|------|--------------|
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