

NEW HAMPSHIRE HEALTH PLAN APPLICATION/APPROVAL CHECKLIST

Information Required for Enrollment:

Required Forms for Enrollment

- NH Residency Affidavit
- Tobacco Affidavit
- Completed Application

If the Applicant is a dependent child, please sign the Application in this format in the signature section.

i.e., Jane Doe by John Doe (Parent)
Applicant name by Guardian/Parent name Relationship to child

Eligibility Certification

(only one requirement must be met)

- Rejection letter from another insurance company, or;
- Offered coverage but at a premium rate exceeding NHHP, or;
- Has one of the pre-qualifying diseases, or;
(Visit www.nhhealthplan.org for a listing of prequalifying diseases)
- Has exhausted COBRA coverage

HIPAA Certificate Sent

(part of application under *Eligibility Certification*)

- Yes
- No

Premium Payment Options

- Check - If this option is chosen, an additional \$10 administration fee must be included.
- Debit (first premium must be paid by check)- If this option is chosen, a voided check must be included

Please Note: Initial premium payment must be made by check payable to NHHP. Only one month's payment, for the exact amount due, is allowed. Any checks with multiple payments or wrong amounts will be returned.

Please submit all required materials along with a check for the first month's premium to:

Benefit Management Inc. (BMI)
PO Box 1090
Great Bend, KS 67530
(877) 888-6447