

# NHHP-FED APPLICATION/APPROVAL CHECKLIST

## Information Required for Enrollment:

- Completed Application
- NH Residency Affidavit
- Tobacco Affidavit
- If a national of the US or an alien lawfully present in the US, one of the following must be included with the submission of your Application:
  - US Passport or Passport Card;
  - Permanent Resident Card or Alien Registration Receipt Card;
  - Foreign Passport that contains a temporary stamp or temporary printed notation;
  - US Citizen ID Card; or
  - ID Card for use of a resident citizen in the US
- Statement from your physician identifying your diagnosed pre-qualifying condition *if applicable* (question #4 under the Eligibility section of application)
- Copy of Rider or Endorsement excluding coverage for a specific condition *if applicable* (question #5 under the Eligibility section of application)
- Copy of denial letter due to pre-existing condition *if applicable* (question #6 under the Eligibility section of application)
- Completed Authorization to Release Protected Health Information and Protected Financial Information form if you plan to allow others access to information on your NHHP-FED coverage.
- Completed Authorization Agreement for Preauthorized Payments form if you have chosen to have your monthly premiums automatically deducted from your bank account.
- A check for your first month's premium regardless of which premium payment option you chose. Be sure you used the Premium Calculation Worksheet to calculate the correct premium amount.

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

## Is your Application really complete?

- If you used a producer, did s/he fill out the section for his/her information and attach a W-9 and a copy of his/her agent license?
- Did you choose a health care plan option in the Plan Election section of the application?
- Did you enter the last date you had health coverage and what type of coverage it was in question #7 under the Eligibility section of the application?
- Did you select a Premium Payment Method?
- Did you sign and date the application?

## 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, you must complete the Authorization Agreement for Preauthorized Payments form and include a voided check.

**PLEASE NOTE:** Initial premium payment must be made by check payable to NHHP-FED. 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  
1-877-505-0508 • www.nhhealthplan.org

