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www.nmmip.org

“When no one else will help, we’re there.”

Date _____
Company Name _____ NAIC# _____
Address _____
City, State, Zip _____

2009 DIRECT PREMIUM REQUEST

Data as reported on the New Mexico Department of Insurance Annual Statement for health and accident insurance direct premiums written for calendar year 2009 (CY2009).

Enter the amount of your company's TOTAL direct premiums* written in New Mexico for accident and health insurance CY2009, **including** Medicaid Salud!, credit accident, credit health, disability, and stop loss.

\$ _____ TOTAL DIRECT PREMIUM

*Do **not** include **Medicare Part D premium**, payments by the Secretary of Health and Human Services (pursuant to a contract issued under Section 1876 of the Social Security Act, as amended), Federal Employee Program premiums, or dental premiums if the company sells **dental only**. If the company sells accident/health **and** dental insurance, the total of both types of premium must be included. If no direct premiums were written, please indicate by -0-.

Form Completed by _____ Name (print legibly)
_____ Title (print)
_____ Telephone number
_____ Signature of Corporate Officer
authorized to sign on behalf of
the corporation/company
_____ Officer Name and Title (print)

The direct premium amount reported will be used to calculate your company's share of the 2009 New Mexico Medical Insurance Pool's **\$69,346,923** (preliminary-to be audited) loss. For **Premium Tax Credit calculation**, the loss distribution is:

- \$ 28,110,656 Regular Full Premium Plans - 50% Premium Tax Credit (40% of total loss amount)**
- \$ 26,166,564 Reduced Premium Plans - 50% Premium Tax Credit (38% of total loss amount)**
- \$ 15,069,703 State Funded Premium Plans - 75% Premium Tax Credit (22% of total loss amount)**

Interim payments received will be credited toward the final assessment. The amount you report must be accurate. Once reported, no further changes to the New Mexico premium amount can be made. If the requested information is not received by **March 15, 2010**, your company's assessment for the 2009 Pool losses will be based on an estimated premium amount.

Mail or fax form to: Leslie Malek-Chavez, Administrator
New Mexico Medical Insurance Pool (Pool)
P.O. Box 27049
Albuquerque NM 87125-7049
Phone: 505-816-4248 Fax: 505-816-5671
Administered by Blue Cross and Blue Shield of New Mexico