2nd Party Attestation for Proof of Residency

Complete this form if you are unable to provide proof of residency and submit with your application, other supporting documents (if applicable), and first premium payment online or by mail, email, or fax.

To Whom it May Concern:

This letter is to formally verify place of residence of _____.
Applicant Name

I, _____, certify that _____
Attestor Name Applicant Name

presently lives at _____,
Address, City, State, Zip Code

and has lived at this address since _____.
Date

I, _____, further certify that the above
Attestor Name

information is true and accurate. Furthermore, I understand that if any of the information contained in this letter is false, I and the applicant can be held accountable and penalized in a court of law.

Sincerely,

_____
Signature

_____
Printed Name

_____
Phone number

_____
Relationship to Applicant

Submit this form by uploading to the online application OR mail to:

New Mexico Medical Insurance Pool (NMMIP) PO Box 780548, San Antonio, TX 78278

Email: NMMIP_Eligibility@90degreebenefits.com **Call**: 1-866-306-1882 **Fax:** 210-239-8449

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