

Letter of Explanation - Other Public Program Coverage (Non-ESI MEC)

You got a Request for Information Notice from the beWellnm Marketplace asking for proof about other public program coverage [Non-Employer Sponsored Insurance (Non-ESI) Minimum Essential Coverage (MEC)]. You can upload or mail copies of the documents listed in the Notice to the Marketplace. You can write the reason you do not have other public coverage on the next page if you do not have any of the proofs we asked you to send us.

To do this:

- save this file to your computer,
- fill out the section on the next page that relates to the proof we asked for in your Notice, and
- upload it to your account on www.beWellnm.com.

If you need more room, you can write on and include another sheet of paper.

Your documents will be worked faster if you upload them. To upload your letter:

- log into your Marketplace account;
- click on "Documents" at the top of the Dashboard;
- for each issue, choose the "Upload documents" button;
- in the document description list, click on the type of proof you need to provide;
- add the file from your computer; and
- click on "Upload Documents."

Or you can mail a copy to:

beWellnm
7601 Jefferson St NE, Suite 120
Albuquerque, NM 87109.

Include a copy of your Notice asking for proof. Write your name, Member ID, and Reference ID (RefIDXXXXXXXX) on all documents you provide.

Visit nfpnewmexico.my.site.com/knowledgebase/s/ for more information.



Your Name _____

Member ID _____

Reference ID _____

I Do Not Have Other Public Program Coverage (Non-ESI MEC)

- Check this box if you are not eligible right now for:
- premium-free Medicare Part A (Hospital Insurance) or are eligible for (but not enrolled in) Premium Payment Medicare Part A;
 - are not enrolled in TRICARE;
 - are not eligible or enrolled in coverage through the Peace Corps; and
 - are not enrolled in VA health coverage through the Department of Veteran's Affairs.

Tell us about your recent health coverage. Include if you had any of the public program coverage above. If you did, include when and why the coverage ended.
