

Wyoming Miners' Hospital Board Benefit Registration Form

Group Number 0004443

Revised 9/14/2018

MINER MUST MEET CURRENT REGISTRATION REQUIREMENTS. REFERENCE MINERS HOSPITAL BOARD STATE STATUTE 30-06-104 AND RULES CHAPTER 2, SECTION 3.

MINERS BENEFITS WILL BE PAID FROM THE ACCOUNT AS A PAYMENT OF LAST RESORT. THE BOARD SHALL REDUCE ANY BENEFIT WHICH WOULD BE PROVIDED BY ALL OTHER PUBLIC AND PRIVATE SOURCES WHICH ARE AVAILABLE TO THE MINER INCLUDING, BUT NOT LIMITED TO, A HEALTH SAVINGS ACCOUNT. REFERENCE MINERS HOSPITAL BOARD STATE STATUTE 30-06-102(e) AND RULES CHAPTER 2, SECTION 4.

Must attach a copy of your current WY driver's license & insurance card/s.

Miner Information

Name: _____ SS#: _____ Date of Birth: _____

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email address: _____

Qualifying Employer: 1 _____ Mine Site Name: _____

Qualifying Job Title (give description): _____

Authorization

I have included a copy of my current WY driver's license and current year healthcare cards.

I authorize the Wyoming Miners' Hospital Board to use the above information to register me. I hereby certify under penalty of perjury the above information is true and correct.

Signature: _____ Date: _____

Employment Verification- (This section to be completed by Employer)

Employed from: _____ to: _____

Company Name: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Mine: (please circle one) Coal, Trona, Bentonite, Sand & Gravel, Uranium, Other: _____

Completed By: _____ Title: _____

Print:

Signature: _____ Date: _____

MAIL TO:

Wyoming Miners' Hospital Board

2001 W. Lakeway Rd, Ste. B – Gillette, WY 82718

Toll Free (866) 808-3004 - Fax 1 (307) 685-6847 **(DO NOT FAX DRIVER'S LICENSE: mail or scan and e-mail D.L.)**

Email: minershospbd@wyo.gov

Access additional registration forms at <http://mhb.state.wy.us>