

Wyoming Miners' Hospital Board
Registration Renewal Form
Group Number 0004443
Revised 9/14/2018

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: _____

Current Employer: _____

Current Job Title (give description): _____

Have you ever worked in the Uranium industry? Yes No If so, approximately what time period. _____

Have you ever worked in the Coal Industry? Yes No If so, approximately what time period _____

If you are no longer working for a mine and/or vendor on the mine site what was the date of retirement or leaving the employment of that employer? _____

Authorization

I authorize the Wyoming Miners' Hospital Board to use the above information to update my registration.

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

I hereby certify under penalty of perjury the above information is true and correct.

Signature: _____ Date: _____

MAIL TO:

Wyoming Miners' Hospital Board
2001 W. Lakeway Rd, Ste. B – Gillette, WY 82718
Toll Free (866) 808-3004

(DO NOT FAX DRIVER'S LICENSE)

Email: minershospbd@wyo.gov

Access additional registration forms at www.EBMS.com or <http://mhb.state.wy.us>