

Wyoming Miners' Hospital Board Benefit Registration Form

Group Number 0004443

Registration for more than one Employer

Revised 9-14-2018

Miner Information

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

Mailing Address: _____ Street Address: _____

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

Email address: _____

Authorization

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

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: _____

Qualifying Employer: 1 _____ **Mine Site Name:** _____

Qualifying Job Title (give description): _____

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: _____

Qualifying Employer: 2 _____ **Mine Site Name:** _____

Qualifying Job Title (give description): _____

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: _____