

Wyoming Miner's Hospital Board Termination from Participation

Revised 10/17/2014

Please terminate my participation from the Miner's Hospital Board benefit program effective: _____.

I reserve the right to re-active my participation at a later date.

Print Name: _____

MHB ID #: _____

Signature: _____

Date: _____

Mail, fax or scan and e-mail to:

Wyoming Miner's Hospital Board
2001 W. Lakeway Rd, Ste B
Gillette, WY 82718
Ph: 1-866-808-3004
Fax: 1-307-685-6847
minershospbd@wyo.gov