Wyoming Miners' Hospital Board Benefit Registration Form

Group Number 0004443

Revised 4/28/2014

ELIGIBILITY: An individual must be a current resident of the State of Wyoming for at least one year. **He/She must also have, while a resident of Wyoming, twelve (12) consecutive months of service at a mine site in Wyoming or a contiguous state** or have been injured while at work in a mine in Wyoming or a contiguous state and be unable to continue working as a miner due to that injury. (Your time not working due to your injury will not count against obtaining your twelve (12) consecutive months of service).

Must attach a copy of your current WY driver's license.

Miner Information

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

Mailing Address: _____Street Address: _____

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

Email address: _____

I am a current resident of the State of Wyoming and have been since _____

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

Qualifying Job Title (give description): _____

Name and address of your primary insurance:

Company: _____Policy Number: _____

Address: _____Group Number: _____

Other Insurance: Do you have other health coverage: _____yes _____no

If yes, give the name of the company, address and policy number.

Company: _____Policy Number: _____

Address: _____Group Number: _____

Authorization

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

I authorize the Wyoming Miners' Hospital Board to use the above information to register me. **I have attached a copy of my current WY driver's license**. 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

Email: minershospbd@wyo.gov

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