

Wyoming Miners' Hospital Board Benefit Registration Form

Group Number 0004443

ELIGIBILITY: An individual must be a current resident of the state of Wyoming for at least one year. He/She must also have, while living in 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.

Miner Information

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

Street Address: _____

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

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

I was a resident of Wyoming at all Times while employed as listed below.

Employment Verification

(This section to be completed by Employer)

Employed from: _____ to: _____; and (if applicable)
(Must be at least twelve [12] consecutive months unless injured.)

Injured while at work and was determined to be unable to work as a miner due to that injury.

Company Name: _____

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

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

Other: _____

Completed By: _____ Title: _____

Print

Print

Signature: _____ Date: _____

Authorization:

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: _____

MAIL TO:

EBMS, Inc.

P.O. Box 21367

Billings, MT 59104-1367

Toll Free (877) 240-2435

Fax (406) 652-5380

Access additional registration forms at www.EBMS.com