



MEMPHIS Plan Enrollment Application

PARTICIPANT Information ONLY

Select one:  Employer  Self Employed  MP Direct:

Your Name: \_\_\_\_\_ Sex: Male  Female   
First M.I. Last

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
street

\_\_\_\_\_ Birthdate: \_\_\_\_\_  
city state zip

Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Yes  No  Do you have third party health insurance?

Yes  No  In treatment or treatment recommended by a doctor or dentist for any illness or dental condition?  
 If yes, please explain \_\_\_\_\_

Yes  No  Have you been diagnosed with any of the following conditions?

Check all that apply:  Multiple Sclerosis  Systemic Lupus  HIV/AIDS  Hepatitis C  ALS (Lou Gehrig's Disease)  
 Cancer  other (please explain) \_\_\_\_\_  
thsfsthrth

What is your household annual income? \_\_\_\_\_

What is your household family size that is included on your tax return? \_\_\_\_\_

Participant Enrollment Agreement

I (Enrolling Participant) agree that

1. all the information on this application is true to the best of my knowledge,
2. I am currently uninsured and do not have access to affordable health care coverage,
3. I have received a copy of the MEMPHIS Plan's Enrollment Information, and I understand the covered and non-covered services, and
4. I will abide by the plan's guidelines as outlined in the Enrollment Information brochure.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer/Self Employed/MP Direct Eligibility Verification

I certify that this participant is eligible for the MEMPHIS Plan, has had the benefits explained to him/her.

*This participant makes less than \$24,280 gross per year. \_\_\_\_\_ YES \_\_\_\_\_ NO*  
*(If the participant makes more than \$24,280, a tax return must be submitted with the application to determine eligibility.)*

Employer/Contact Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**  
 Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Location \_\_\_\_\_  
 Effective Date of Coverage: \_\_\_\_\_ BCC \_\_\_\_\_ PCP \_\_\_\_\_ Hosp \_\_\_\_\_