

# THE WABASH MEMORIAL HOSPITAL ASSOCIATION

P.O. BOX 1340 - DECATUR, ILLINOIS 62525

Claims Toll Free (888) 800-9161  
Claims (217) 429-5246  
Claims Fax (217) 429-1222



Membership Toll Free (888) 800-9161  
Membership (217) 429-5246  
Membership Fax (217) 420-4030

## 2022 - Application for Coverage Redbird & Redbird Plus Plans

**Please mark category that pertains to you:**

- Retired Railroader with Less than 30 Years of Service/not Medicare eligible  
 Spouse/Former Spouse/Widow(er) of Railroader  
 Dependent of Railroader  
 Parent/Parent in-law of Railroader

**Name of railroader applicant is associated with:** \_\_\_\_\_

<u>Type Of Coverage Requested</u>	<u>Plan #</u>	<u>Monthly Premium</u>
<input type="checkbox"/> 80/20 Coverage with no drug benefit	Redbird	\$575 per person
<input type="checkbox"/> 80/20 Coverage with \$1,000 drug benefit	Redbird Plus	\$625 per person

Full Name of Applicant \_\_\_\_\_  
(First) (M.I.) (Last)

Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip code)

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_

Current Employer \_\_\_\_\_

Do you, on your own or through your spouse, have any health insurance other than Medicare, such as private insurance or VA benefits? (If this insurance is to be discontinued when Wabash coverage becomes effective, please mark "No" below.) If you have other insurance, please enclose a copy of your card.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of insurance do you have? \_\_\_\_\_

Full name of insurance company: \_\_\_\_\_

Full address of insurance company: \_\_\_\_\_

Phone No.(\_\_\_\_)\_\_\_\_\_ Policy Number: \_\_\_\_\_

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(Signature of Applicant)

(Date)