

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 –Wheeling Lake Erie – Redbird Plus Plan

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 _____

Effective date of insurance _____

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: _____

(Signature of Applicant)

(Date)