



Wisconsin Youth Company Insurance Application

Applicant Information

Full Name: _____ Date: _____
(Last, First, Middle Initial)

Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Birthdate: _____ Social Security #: _____ Gender: Male Female

Tobacco use? Yes No Marital Status: Single Married Divorced Domestic Partner Other

Type of Health Insurance Coverage: Employee Only Employee & Spouse Employee & Child(ren) Family

Type of Dental Insurance Coverage: Employee Only Employee & Spouse Employee & Child(ren) Family

Spouse/Dependent Information

First Name: _____ Last Name (if different): _____

Relationship: _____ Birthdate: _____

First Name: _____ Last Name (if different): _____

Relationship: _____ Birthdate: _____

First Name: _____ Last Name (if different): _____

Relationship: _____ Birthdate: _____

Beneficiary Information

Full Name: _____ Relationship: _____

Address: _____ Birthdate: _____

City/State/Zip Code: _____ % Benefit: _____

Full Name: _____ Relationship: _____

Address: _____ Birthdate: _____

City/State/Zip Code: _____ % Benefit: _____

Disclaimer and Signature

My signature on this form represents my agreement to the following Terms and Conditions: (1) The information I have provided is true and correct to the best of my knowledge; (2) I have the proper legal authority to provide this information and understand that I may be required to submit proof of this authority. My signature represents the signature of each dependent in accordance with permission he/she and/or the proper legal authority has previously permitted; (3) My plan benefits have been fully explained to me; (4) Information will be used and disclosed in accordance with state and federal laws and regulations for the sole purpose of treatment, payment or health care operations and adherence to other legal documents as applicable. Such laws and regulations may pertain to a dependent's individual right to privacy which may supersede those provided to me as subscriber, including consideration given to extended family members (e.g. step or non-biological children) or 12-17-year-old minors.

Signature: _____ Date: _____