

ATTN: MARKETING DEPT.

**THE HEALTH PLAN
OPEN ENROLLMENT
APPLICANT WAITING LIST REQUEST**

Applicants will be added to our Waiting List in order of receipt. As openings become available, applicant will be notified of the opening in writing or by email.



CHECK ONE: Federally Eligible Non-Federally Eligible

DATE: _____

NAME: _____
Please print

ADDRESS: _____
Please print

Please print

EMAIL ADDRESS: _____

Applicant's signature: _____



TO BE COMPLETED BY COMPANY

DATE OF RECEIPT: _____

TIME OF RECEIPT: _____

RECEIVED BY: _____