

Cover Sheet

Access to Health Insurance

Insurance Representatives,

Processing Center. Please print clearly a incomplete forms.	© 11		У
Date Submitted			
Small Business Name			
Does the Small Business Employer curre	□ Yes □ No		
Insurance Representative Contact Inf	formation:		
Insurance Representative Company Nan	ne		
Tax Identification Number			
Insurance Representative: First Name		Last Name	
Mailing Address			
City	State	Zip Code	
(208)	(208)		
Telephone Number	Fax Number	Email Address	

Please mail this completed cover sheet & the applications for premium assistance to:

Medicaid Eligibility Processing Center

150 Shoup Avenue, Suite #5 Idaho Falls, Idaho 83402-3653 1-866-326-2485