Lac Courte Oreilles Community Health Center
13380 W Trepania Road
Hayward, WI 54843
Phone: 715-638-5100
Fax: 715-634-2740

Tribal Health Insurance Premium Reimbursement Application

Client Information

Last Name	First Name	Middle Name	Birthdate

County of Residence	Tribal Enrollment Number

Mailing address (box/street name)	City	State	Zip Code

Physical address (fire number/road)	City	State	Zip Code

Home phone number	Work phone number	Alternate phone number

Insurance Carrier	Insurance Premium Cost (Weekly)	Employer

I certify that the information given is true and correct:

Signature _____ Date _____

For Office Use Only

Proof of Information	Verified
Tribal Identification	
Residency	
Signed W-9	
Cost of Premiums (Quarterly)	
Payment Approved:	Yes No