



PO Box 1059 Pierre, SD 57501 605-773-2500

Health Application

District Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Renewal Date of current coverage: _____

Does your school currently have Wellmark health coverage? Yes No

Please provide the following information:

1. Census of current enrollees which needs to include:
 - Name
 - Gender
 - Date of Birth
 - Plan Election
2. 3 Years of Claims
3. 3 Years of Claims above \$15,000
4. Current Summary Plan Description(s) for each plan offered

For any questions, please contact: Roxanne Heezen at rheezen@asbsd.org 605-773-2515 or Carolyn Deal at cdeal@asbsd.org / 605-773-2510