



Representative Information Needed for Fingerprinting

Instructions: Complete every field below with your information. Print clearly. This is needed to register you for a fingerprint background check.

*	Last Name
*	First Name
*	Middle Name
*	Date of birth
*	State/Country of birth
*	City of birth
*	Social security number
*	Gender
*	Race
*	Eye color
*	Hair color
*	Height (feet/inches)
*	Weight
*	Country of citizenship
*	Address – Street
*	Address - City, State, Zip Code
*	Phone number
*	Email address
	Office use only.

CD Representative Name Participant Name ______. Health Care Plan Date of Enrollment Meeting





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You can reach Staywell Health Plan Member Services at **1-866-334-7927** (TTY **711**). We are here for you Monday-Friday, 8 a.m. to 7 p.m.

Staywell complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If English is your first language, we can translate for you. We can also give you info in other formats. That includes Braille, audio, large print and provide American Sign Language interpreter services. Just give us a call toll-free. You can reach us at **1-866-334-7927**. For TTY, call **711**.

ATTENTION: If Spanish is your first language, we can translate for you. We can also give you info in other formats. That includes Braille, audio, large print and provide American Sign Language interpreter services. Just give us a call toll-free. You can reach us at **1-866-334-7927**. For TTY, call **711**.

ATTENTION: If French Creole is your first language, we can translate for you. We can also give you info in other formats. That includes Braille, audio, large print and provide American Sign Language interpreter services. Just give us a call toll-free. You can reach us at **1-866-334-7927**. For TTY, call **711**.

