



Miami Nation

P.O. Box 1326
Miami, OK 74355
Phone: 918.541.1300

Medical Benefit Plan

Enrollment Request for 2024-2025 Tribal Member - Individual

1. If you are enrolled as a member of the Miami Nation, please complete this form. Please print and use ink.
2. Mail all completed forms in your packet and a copy of your Tribal Membership card to the Miami Nation at the address above.
3. **You must include a copy of your Tribal Membership Card to be eligible for the Medical Benefit Plan.**

TRIBAL MEMBER

Name (Last, First)	Birthdate (MM/DD/YYYY)	Tribal Membership Enrollment No. (REQUIRED-NOT CDIB)
Home Address (Street, City, State, Zip)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Please check ALL that apply: <input type="checkbox"/> Age 65 or over <input type="checkbox"/> 100% Permanent Disability (documented) <input type="checkbox"/> Veteran (must provide discharge papers) <input type="checkbox"/> Active-Duty Military
Email address		Daytime Phone

AUTHORIZATION

I am electing to participate in the Miami Nation Health Benefit Plan for the year of 2024-2025. I understand my enrollment in the Miami Nation Health Benefit Plan for 2023-2024 will end on September 30, 2024.

As a Miami Tribal Member and Health Benefit Plan participant, I certify that any expense paid with the funds has not been reimbursed by any other health plan and I will not seek reimbursement under any other plan covering health benefits. I also agree to acquire and retain sufficient documentation of all claims and provide pertinent documentation to Miami Tribe of Oklahoma when requested. If I should purchase items using my funds that are not eligible expenses, I understand that I may be denied access to the funds in future until the debt is paid by me.

<u>Tribal Member Signature</u>	<u>Date</u>
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PLEASE READ - IMPORTANT INFORMATION Look for your Check in the Mail.

Once enrolled for this plan year 2024-2025, you will receive a check for your use to purchase items shown on the List of Eligible Expenses.

If you are a tribal member over 65, 100% disabled, on active military duty or a veteran the benefit amount of your check will be \$500.

If you are over 65 or 100% disabled and a veteran, the amount of your check will be \$750.00.