DWS-ESD 19
Rev. 04/2019

State of Utah
Department of Workforce Services

THIRD PARTY AND INSURANCE INFORMATION

D02921900060101

Please complete this form if you are applying for, or receiving medical assistance.

Name: _____

Birth Date: _____ Case #: _____

Insurance Information

☐ Yes ☐ No Does anyone in your household

- Currently have health insurance (including VA Health Care System benefits)
- Have insurance available, but not enrolled
- Had insurance in the past 6 months

If yes, please complete the following chart *(Do not list Medicaid, Medicare or CHIP)*

☐ Enrolled ☐ Not enrolled, but available ☐ Ended, Date ended: _____	Name of insurance company: _____ Phone #: _____ Address of insurance company: _____ Policyholder name: _____ Group #: _____ Policy #: _____ Policyholder date of birth: _____ Policyholder SS #: _____ If insurance is through an employer, list employer name and phone #: _____ Premium: $ _____ Date due: _____ How often? _____ Name of individuals covered (If not listed on the insurance card): _____
☐ Enrolled ☐ Not enrolled, but available ☐ Ended, Date ended: _____	Name of insurance company: _____ Phone #: _____ Address of insurance company: _____ Policyholder name: _____ Group #: _____ Policy #: _____ Policyholder date of birth: _____ Policyholder SS #: _____ If insurance is through an employer, list employer name and phone #: _____ Premium: $ _____ Date due: _____ How often? _____ Name of individuals covered (If not listed on the insurance card): _____

Major Medical Need Information

☐ Yes ☐ No Does someone in your home have a major medical need? (pregnancy is considered a major medical need)

If yes, who? _____

Accident, Assault, or Other Liability

If any household members have been injured in an accident, assault, or someone outside your household is required to pay for medical services, complete this section.

☐Automobile ☐Assault ☐Work-Related ☐Medical Malpractice

☐Dog Bite ☐Slip/Fall ☐Other Explain: _____

Name of household member: _____ Date of Incident: _____

Who is responsible? _____

Police department: _____ Police report #: _____

Name of attorney: _____ Phone #: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.