**Today’s Date**:

**Name**:

**SSN**:

**DOB**:

**Marital Status**:

**Address**:

**Zip**:

**City**:

**State**:

**County**:

**Email Address**:

**Home Phone**:

**Mobile Phone**:

**Employer:**

 Address:

**Emergency Contact**:

 Address:

Phone:

To receive your PIN # from Affinity eHealth, you must send this completed form to the attention of your compliance officer, Marianne Wynn at the MSBN mwynn@msbn.ms.gov OR Vera Rucker vrucker@msbn.ms.gov, you may scan and email it, fax it (601)-957-6301 or mail it.

PIN# FROM Affinity eHealth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT SIGNATURE