



AFFINITY EHEALTH PARTICIPANT INTAKE INFORMATION

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, Vera Rucker vrucker@msbn.ms.gov OR Jacinthia McDaniel jmcdaniel@msbn.ms.gov you may scan and email it, fax it (601)-957-6301 or mail it.

PIN# FROM Affinity eHealth: _____

X

PARTICIPANT SIGNATURE