

Business Name: Crook County 2022 Enrollment Effective Date: 04/01/2022

MASA MEMBER INFORMATIO	N	
NAME (Last, First, Middle):		DOB: / /
SPOUSE (Last, First, Middle):		DOB: / /
Physical Address:	City/State/Z	ip:
Mailing Address (if different):	City/State/Z	ip:
Phone: () Alt	:. Phone: ()	Email:
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
EMPLOYEE PAYMENT OPTIONS	S FOR MASA MTS MEMBERSHIP	
Platinum Membership	Emergent Plus Membership	Emergent Membership
\$19.50 Per Pay Period (\$60 Initiation Fee Waived)	\$7.00 Per Pay Period (\$25 Initiation Fee Waived)	\$4.50 Per Pay Period (\$25 Initiation Fee Waived)
	oloyment with my employer is terminated, whet nounts paid upfront by my employer that has ye	
I acknowledge that I have been offered the operate decided to opt out. Additionally, I understand an an analysis and willingly assume the responsibility of the contract of the responsibility of the contract	pportunity to enroll into the MASA MTS men	nbership program via a payroll deduction and

MASA MTS Rep	Other
Tony Urioste	WHA Insurance