

Application for Services  
The Miners Hospital and Clinic, University of Utah

**SECTION I: Instructions for completing this form**

To be considered for medical service through The Miners Hospital or Clinic, please complete this form and return to:  
The Miners Hospital, University of Utah, Room 1R33 SOM, 50 North Medical Drive, Salt Lake City, UT 84132;  
Or FAX the completed form to 801-585-0452.

1. Are you applying for benefits from the Disabled Miners Trust Health Fund under Utah Code Sections 341-4-101 and 34A-4-102 No \_1 Yes \_2

**PATIENT INFORMATION**

1. Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>_____a First</span><span>_____b Middle Initial</span><span>_____c Last</span></div>	2. Today's Date _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>MM/</span><span>DD /</span><span>YY</span></div>
3. Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>Street 1</span><span>Apt #</span><span>City</span><span>State</span><span>Zip Code</span></div>	
4. Telephone #: (_____)a _____ -- _____ b <div style="display: flex; justify-content: space-between; font-size: small;"><span>Area Code</span><span></span></div>	5. Patient Age: _____ Years
6. Date of Birth: ____ / ____ / 19 ____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>Month/</span><span>Day /</span><span>Year</span></div>	7. Patient's Sex: Male ____a Female ____b
8. Marital Status: Single ____a Married ____b Widowed ____c Separated/Divorced ____d	
9. Race: ____a White ____b Hispanic ____c Black ____d Asian/Pacific Islander ____e American Indian ____f Other (specify)	
10. Social Security # _____ - _____ - _____	
11. What is your primary language? ____a English ____b Spanish _____c Other (specify)	

**RESPONSIBLE PARTY**

1. Responsible Party Name (if different from above): _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>_____a First</span><span>_____b Middle initial</span><span>_____c Last</span></div>	
2. Relationship to patient: ____a Spouse ____b Son ____c Daughter _____d Other (specify)	
3. Address: _____ City: _____ State: _____ Zip: _____	
4. Primary Telephone #: (_____)a _____ - _____ b <div style="display: flex; justify-content: space-between; font-size: small;"><span>area code</span><span></span></div>	5. Secondary Phone #: (_____)a _____ - _____ b <div style="display: flex; justify-content: space-between; font-size: small;"><span>area code</span><span></span></div>

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

1. Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>_____a First</span><span>_____b Middle initial</span><span>_____c Last</span></div>	2. Telephone #: (_____)a _____ - _____ b <div style="display: flex; justify-content: space-between; font-size: small;"><span>area code</span><span></span></div>
3. Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>Street 1</span><span>Apt #</span><span>City</span><span>State</span><span>Zip Code</span></div>	

**PATIENT'S RESIDENCE HISTORY**

List patient's Utah residences for a period of two years immediately prior to filing this application. If needed, attach separate sheet for additional residences lived in past two years.

1. Address:

Street \_\_\_\_\_a Apt #\_\_\_\_b City \_\_\_\_\_c State: \_\_\_\_\_d Zip: \_\_\_\_\_e

From \_\_/\_\_/\_\_\_\_f TO \_\_/\_\_/\_\_\_\_g  
MM DD Year MM DD Year

\*\*\*\*\*

2. Address:

Street \_\_\_\_\_a Apt #\_\_\_\_b City \_\_\_\_\_c State: \_\_\_\_\_d Zip: \_\_\_\_\_e

From \_\_/\_\_/\_\_\_\_f TO \_\_/\_\_/\_\_\_\_g  
MM DD Year MM DD Year

\*\*\*\*\*

3. Address:

Street \_\_\_\_\_a Apt #\_\_\_\_b City \_\_\_\_\_c State: \_\_\_\_\_d Zip: \_\_\_\_\_e

From \_\_/\_\_/\_\_\_\_f TO \_\_/\_\_/\_\_\_\_g  
MM DD Year MM DD Year

\*\*\*\*\*

4. Address:

Street \_\_\_\_\_a Apt #\_\_\_\_b City \_\_\_\_\_c State: \_\_\_\_\_d Zip: \_\_\_\_\_e

From \_\_/\_\_/\_\_\_\_f TO \_\_/\_\_/\_\_\_\_g  
MM DD Year MM DD Year

\*\*\*\*\*

Comments:

## PATIENT'S WORK HISTORY

1a. Are you currently working?  <sub>1</sub> No  <sub>2</sub> Yes

1b. If Yes, specify your current job \_\_\_\_\_

2. What is your current employment status: (Check all that apply)

<sub>a</sub> Employed full-time  <sub>b</sub> Employed part-time  <sub>c</sub> Self-employed

<sub>d</sub> Retired  <sub>e</sub> Student  <sub>f</sub> Homemaker

<sub>g</sub> Unemployed  <sub>h</sub> Disabled

3a. Are you currently working as a miner?  <sub>1</sub> No  <sub>2</sub> Yes

If No,

3b. In what year did you stop mining? \_\_\_\_\_ Year

4. What year did you first start mining? (Consider any type of mining you performed) \_\_\_\_\_ Year

5. How many years in all have you worked in the mining industry? \_\_\_\_\_ Number of years  
(Include all types of mining)

6. What general type of mine or mines have you worked (Mark all that apply)

<sub>a</sub> Underground mine

<sub>b</sub> Surface, open pit, strip mine

<sub>c</sub> Above ground work at an underground mine

<sub>d</sub> Smelter

<sub>e</sub> Mill

<sub>f</sub> Transportation work moving a mineral such as ore or coal from mine site

\_\_\_\_\_ <sub>g</sub> Other (specify)

7. What did you mine? (Mark all that apply)

<sub>a</sub> Coal

<sub>b</sub> Copper

<sub>c</sub> Gold

<sub>d</sub> Molybdenum

<sub>e</sub> Potash

<sub>f</sub> Silver

<sub>g</sub> Uranium

\_\_\_\_\_ <sub>h</sub> Other (Specify)

**PATIENT'S MINING EMPLOYMENT HISTORY**

List Patient's employment in mines in Utah. For additional mining employers, attach additional page.

1. **Mine Name:** \_\_\_\_\_ a. **Location:** City \_\_\_\_\_ b. State \_\_\_\_\_ c

**Hire Date** d: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Separation Date** e: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Type of Mine** f: \_\_\_\_1 Underground \_\_\_\_2 Surface, open pit, strip \_\_\_\_3 Above ground  
\_\_\_\_4 Smelter \_\_\_\_5 Mill \_\_\_\_\_6 Other (specify

**Type of Mining** g: \_\_\_\_1 Coal \_\_\_\_2 Uranium \_\_\_\_3 Copper \_\_\_\_4 Potash  
\_\_\_\_5 Metal \_\_\_\_\_6 Other (specify)

List Job Title(s) and briefly describe work activities (Use one line per job title)h

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Current Employer:**

Name: \_\_\_\_\_1 Phone: (\_\_\_\_) \_\_\_\_\_2

Address \_\_\_\_\_3 City: \_\_\_\_\_4 State: \_\_\_\_\_5 Zip: \_\_\_\_\_6

2. **Mine Name:** \_\_\_\_\_ a. **Location:** City \_\_\_\_\_ b. State \_\_\_\_\_ c

**Hire Date** d: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Separation Date** e: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Type of Mine** f: \_\_\_\_1 Underground \_\_\_\_2 Surface, open pit, strip \_\_\_\_3 Above ground  
\_\_\_\_4 Smelter \_\_\_\_5 Mill \_\_\_\_\_6 Other (specify

**Type of Mining** g: \_\_\_\_1 Coal \_\_\_\_2 Uranium \_\_\_\_3 Copper \_\_\_\_4 Potash  
\_\_\_\_5 Metal \_\_\_\_\_6 Other (specify)

List Job Title(s) and briefly describe work activities (Use one line per job title)h

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Current Employer:**

Name: \_\_\_\_\_1 Phone: (\_\_\_\_) \_\_\_\_\_2

Address \_\_\_\_\_3 City: \_\_\_\_\_4 State: \_\_\_\_\_5 Zip: \_\_\_\_\_6



5. **Mine Name:** \_\_\_\_\_ a.                      **Location:** City \_\_\_\_\_ b. State \_\_\_\_\_ c

**Hire Date** d:    \_\_\_/\_\_\_/\_\_\_  
                  MM  DD   YYYY

**Separation Date** e:    \_\_\_/\_\_\_/\_\_\_  
                          MM  DD   YYYY

**Type of Mine** f:    \_\_\_1 Underground    \_\_\_2 Surface, open pit, strip    \_\_\_3 Above ground  
                          \_\_\_4 Smelter                      \_\_\_5 Mill                                      \_\_\_6 Other (specify)

**Type of Mining** g:    \_\_\_1 Coal                      \_\_\_2 Uranium                      \_\_\_3 Copper                      \_\_\_4 Potash  
                          \_\_\_5 Metal                                      \_\_\_6 Other (specify)

**List Job Title(s) and briefly describe work activities** (Use one line per job title)h

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Current Employer:**

**Name:** \_\_\_\_\_ 1    **Phone:** ( \_\_\_ \_\_\_ ) \_\_\_\_\_ 2

**Address** \_\_\_\_\_ 3    **City:** \_\_\_\_\_ 4    **State:** \_\_\_\_\_ 5    **Zip:** \_\_\_\_\_ 6

6. **Mine Name:** \_\_\_\_\_ a.                      **Location:** City \_\_\_\_\_ b. State \_\_\_\_\_ c

**Hire Date** d:    \_\_\_/\_\_\_/\_\_\_  
                  MM  DD   YYYY

**Separation Date** e:    \_\_\_/\_\_\_/\_\_\_  
                          MM  DD   YYYY

**Type of Mine** f:    \_\_\_1 Underground    \_\_\_2 Surface, open pit, strip    \_\_\_3 Above ground  
                          \_\_\_4 Smelter                      \_\_\_5 Mill                                      \_\_\_6 Other (specify)

**Type of Mining** g:    \_\_\_1 Coal                      \_\_\_2 Uranium                      \_\_\_3 Copper                      \_\_\_4 Potash  
                          \_\_\_5 Metal                                      \_\_\_6 Other (specify)

**List Job Title(s) and briefly describe work activities** (Use one line per job title)h

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Current Employer:**

**Name:** \_\_\_\_\_ 1    **Phone:** ( \_\_\_ \_\_\_ ) \_\_\_\_\_ 2

**Address** \_\_\_\_\_ 3    **City:** \_\_\_\_\_ 4    **State:** \_\_\_\_\_ 5    **Zip:** \_\_\_\_\_ 6

**For additional mining employers, attach additional page(s).**

**PATIENT STATEMENT**

1. Are you now and have you been a resident of the State of Utah for a period of at least two years immediately prior to filing this application? \_1 No \_2 Yes

2. Have you been employed in the mines of the State of Utah for a period of at least two years? \_1 No \_2 Yes

3. Why are you seeking services through the Miners Trust Health Plan? Briefly describe the nature of your injury, symptoms, or illness.

4. Did you incur your injury while working in a mine? \_1 No \_2 Yes \_3 Not applicable

5. Did your symptoms or illness for which you are seeking care begin while you were employed as a miner? \_1 No \_2 Yes \_3 Not applicable

6. When did you first report your injury or illness to your employer?  
     /    /          
MM/ DD YYYY  
 Did not report injury or illness

7. If you have documents that you provided to or received from the employer regarding your injury or illness, please attach a copy to this application.

8. Comments:

I hereby state that the information given herein is true and complete.

\_\_\_\_\_ Date (MM/DD/YYYY)

\_\_\_\_\_ Responsible Party Signature

## INSURANCE INFORMATION

1. Do you currently have health insurance? \_\_\_\_\_<sub>1</sub> No \_\_\_\_\_<sub>2</sub> Yes

2. If **YES**, please provide the following information:

### **If submitting application through the Internet**

Fill out information below:

Insurance Company:	
COMPLETE Billing Address:	
Policy Holder:	Date of Birth
Policy Number:	Group Number:

Insurance Company:	
COMPLETE Billing Address:	
Policy Holder:	Date of Birth
Policy Number:	Group Number:

Insurance Company:	
COMPLETE Billing Address:	
Policy Holder:	Date of Birth
Policy Number:	Group Number:

### **If mailing application to The Miners Hospital (See address below.)**

- 1) Copy front AND back of insurance card(s).
- 2) Write the policy holder's birthday on copy.
- 3) If policy holder's name is not on card, please write it on copy.
- 4) Attach copy to this application and return.

**Please return the completed application to the following:**

The Miners Hospital  
University of Utah  
Room 1R33 SOM  
50 North Medical Drive  
Salt Lake City, UT 84132

**If you prefer, you may FAX the completed form to 801-585-0452**

**PLEASE BRING YOUR INSURANCE CARDS WITH YOU TO YOUR APPOINTMENT.**