



Recertification Form¹

August 20, 2009

ID #: * I D *

<NAME>
 <ADDRESS>
 <CITY, STATE ZIP>

To continue Basic Health (BH) coverage, you must respond by <MM/DD/YY>.

1. Print your current street address, mailing address, and phone number:

 Street address (cannot be a PO Box) City State ZIP

 Mailing address (if different than above) City State ZIP

(_____) _____ - _____
 Phone number

2. If you are legally married or have legal dependents, list them here, even if they are not enrolled in BH. If you have more dependents, use a separate sheet.

	First name	Last Name	Date of Birth	Relationship
Spouse				
Dependent				
Dependent				
Dependent				
Dependent				

3. Are you or your spouse self-employed or do you have rental income? Yes No

Do you have a Unified Business Identifier (UBI) number for your self employment? Yes No

If yes, write your UBI number here: _____

For questions about UBI numbers, call the Department of Licensing at 360-664-1400 or the Department of Revenue at 1-800-647-7706.

¹RCW/WAC: 70.47.050, 70.47.060, 70.47.170 / 182-25-040; 182-25-085; 182-25-090

