





Missouri Consolidated Health Care Plan
573-751-0771 · 800-487-0771 · www.mchcp.org
832 Weathered Rock Court, Jefferson City, MO 65101

myVoice Panel Application

Submit this form:

 **Fax:** 573-526-3427

 **Mail:** PO Box 104355
Jefferson City, MO 65110-4355

Section 1 - Applicant Information

Name:

Job Title:

Home Address/City/State/Zip:

State Agency:

Phone Number: Home Work Cell

(_____) _____ - _____

State Agency Address *(Active Employees Only)*:

Email Address:

Years of state service:

Status:

Active Employee Retiree

Section 2 - Optional

Coverage Type:

PPO 750 PPO 1250 HSA Plan
 Medicare Advantage Plan None

Coverage Level *(Check all that apply)*:

Self
 Spouse
 Children
 None

Age:

19 years or younger 20-29 30-39 40-49

50-59 60-64 65 years or older

Section 3 - Essay

Why are you applying for the myVoice Panel?

Section 4 - Applicant Signature

For Active State Employees Only: I understand that state agencies are not mandated to grant administrative leave to those who participate in committees, and that I may be required to take annual or compensatory leave to attend the myVoice Panel meetings.

Signature:

Date (MM/DD/YYYY):

____ / ____ / _____