



KENOSHA CLTS MEMBER DEMOGRAPHIC FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Please submit the completed form to **Premier Financial Management Services (Premier FMS)** via one of the following options below:

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
WICLTS@premier-fms.com

Fax:
(855) 424-8657

MEMBER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____

GUARDIAN INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____