



## 2024 LEEP Membership Checklist

Please use this checklist to make sure you have everything that is needed. If you have questions, please call the LEEP office at 507-387-5122.

- Completed Membership Form (4 pages)
- Please make sure form is SIGNED & DATED
- Medication list (if applicable)
- Health information/plan (as applicable)
  - Seizure plan
  - Asthma plan
  - Fall Prevention plan
  - Allergy plan
- Current photo with date (from within the last 2 years please)
- Copy of insurance card/s
- Payment:
  - \$50 (with paperwork on/before December 31, 2023) (check / cash / card / LEEP credit)
  - \$55 (with paperwork January 1, 2024 or later) (check / cash / card / LEEP credit)