



# Apply for coverage

[Medicaid](#) >

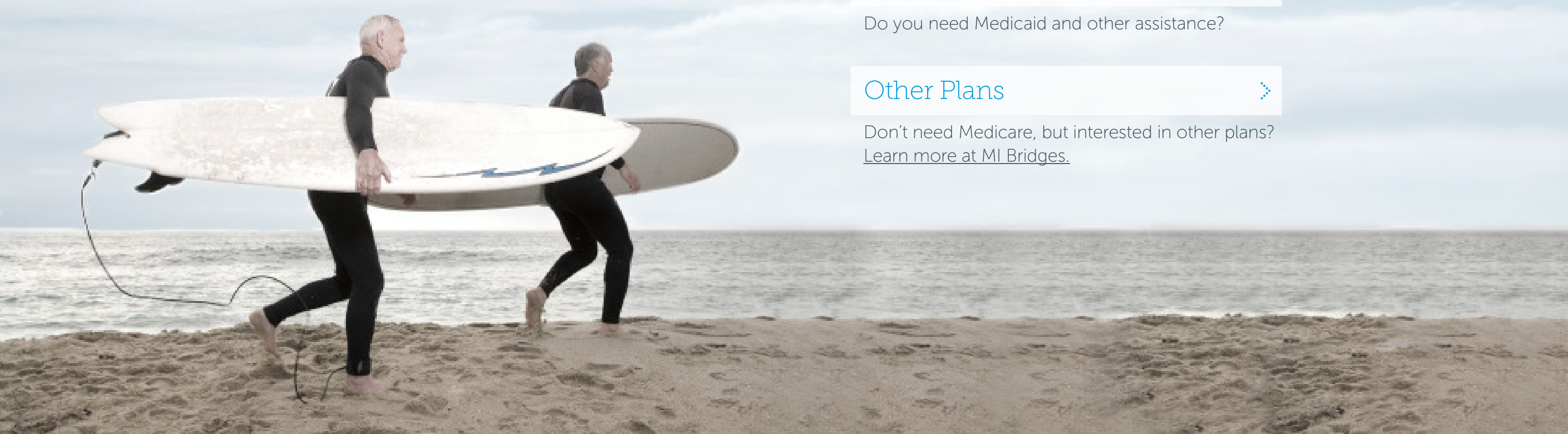
Find a plan that's right for you and your family.

[Medicaid + Other Plans](#) >

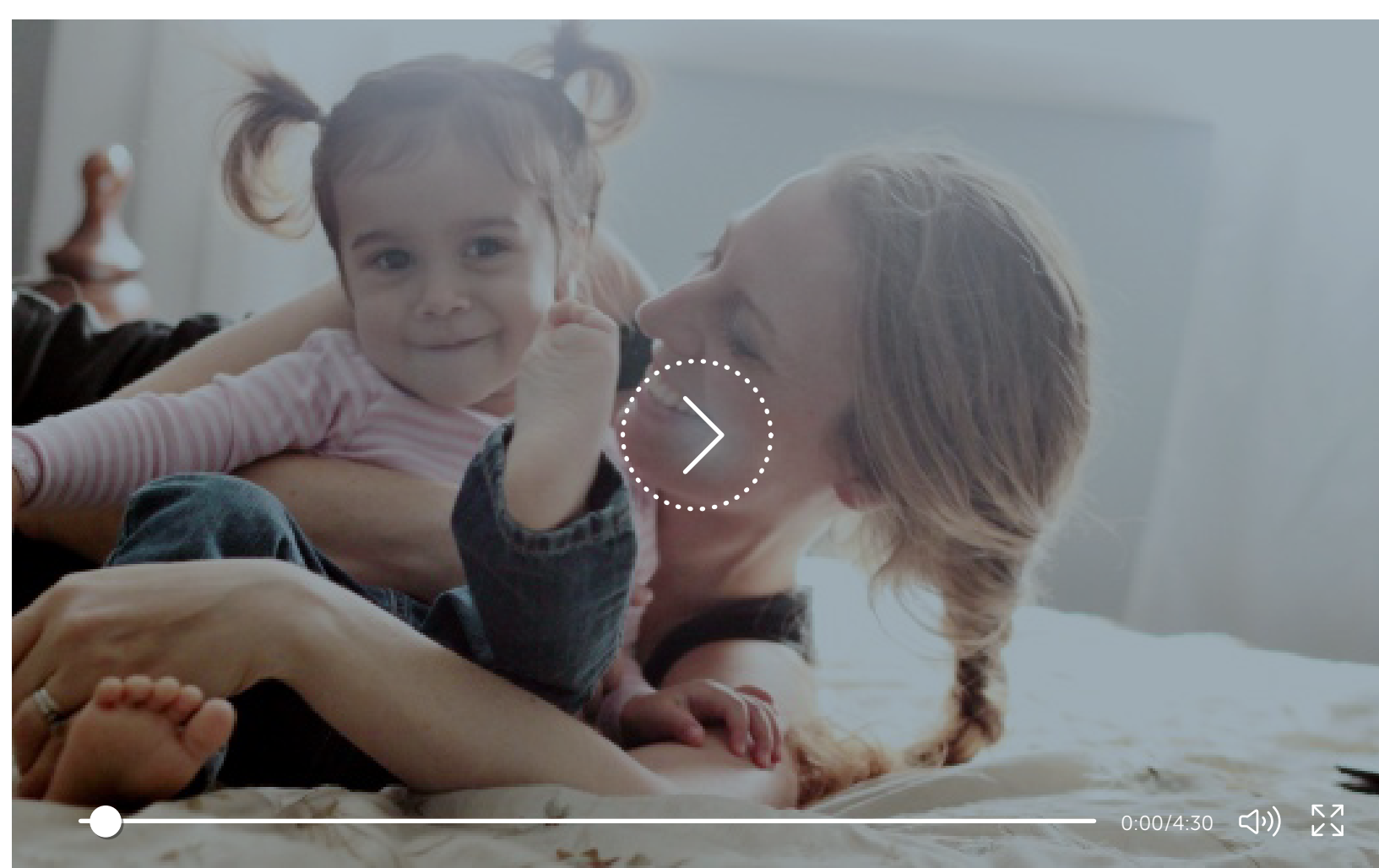
Do you need Medicaid and other assistance?

[Other Plans](#) >

Don't need Medicare, but interested in other plans?  
[Learn more at MI Bridges.](#)



## Plan Overview



[Currently Enrolled? Sign In.](#)

Username

Password

[Sign In](#) >

Forgot your username or password? [Get help now.](#)

### FAQs

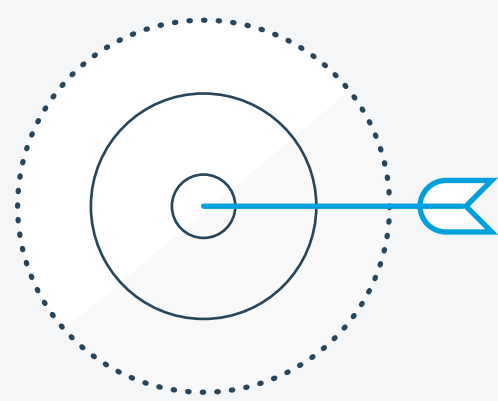
[How does the system work?](#) >

[What documents do I need to enroll for plans?](#) >

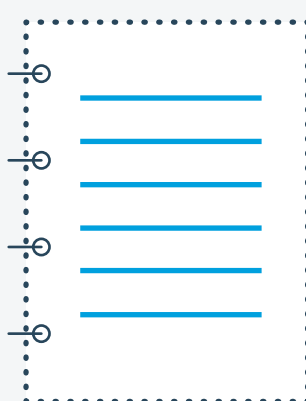
[Can I enroll my family?](#) >

[How do I help someone else enroll in a plan?](#) >

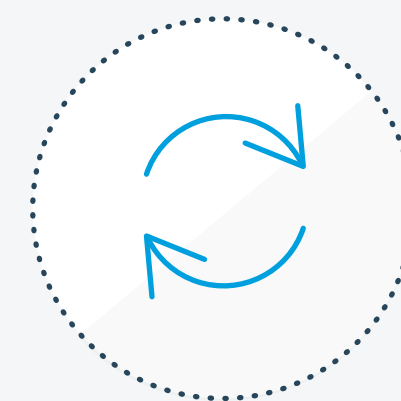
## Get Started



[Check Medicaid Eligibility](#)



[Get Health Plan Information](#)



[Renew Your Current Plan](#)

## Questions? Ask Us.



Name

Email

Enter your question

[Submit](#) >

[Applying for benefits for someone else?](#)

[Broker](#) >

[Navigator](#) >



# Create an Account

To continue, we need to get some more information to ensure we can help serve you and enable us to get you your benefits.

## Who Are You?

First Name \*

Last Name \*

Suffix

Birthday \*



## Documents You'll Need

[Driver's License](#) >

[Recent Utility Bill](#) >

*This section should take approximately 4 minutes*

## Where Do You Live?

Address \*

Address Line 2 \*

City \*

Zip Code \*

## How Can We Contact You?

Phone Number

Email Address

Contact Preference

Language Preference

[Continue](#) >

[Save](#) >



**Application Status**  
**PENDING**

Application Submitted  
2/21/2014

**Alerts & Actions**  
DOCUMENTS REQUIRED

- W2, Current Utility Bill
- [Upload Documents](#)

**My Case Worker**  
JANE HARTMAN

888-098-5654, Ext: 238

[jhartman@mms.michigan.gov](mailto:jhartman@mms.michigan.gov)

- [Report changes](#)
- [Other benefits](#)
- [Renew benefits](#)

**Household Information**

Address 6641 Beveridge PL SW Lansing, MI 87654	Primary Phone 876-987-0987	Primary Email johncoyle@gmail.com
Contact Preference Phone	Language Preference English	

**Enrolled Members**

Name	Birthday	Gender	Enrolled Programs	Citizenship	Pregnant?
John Coyle	3/28/1974	M	Food Assistance Cash Benefit	United States	N/A
Sophie Coyle	7/20/1972	F	590-876-0909	Permanent Resident	Yes Due: 4/17/2015

**Selected Programs**

**Food Assistance**

Effective Date 3/28/2014	End Date 3/28/1974	Household Members Covered John Coyle, Sophie Coyle	Monthly Benefits \$200.00	Deductible \$20.00
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**Cash Benefit**

Effective Date 3/28/2014	End Date 3/28/1974	Household Members Covered John Coyle	Monthly Benefits \$140.00
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<b>ARE YOUR</b> kids asking for a pet but you're not too keen on the traditional dog or cat options	<b>KIDS ASKING</b> for a pet but you're not too keen on the traditional dog or cat options you've come to	<b>ANOTHER</b> kids asking for a pet but you're not too keen on the traditional dog or cat options	<b>HEADER</b> for a pet but you're not too keen on the traditional dog or cat options you've come to	<b>NAVIGATION</b> kids asking for a pet but you're not too keen on the traditional dog or cat options
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