

Health Insurance Card Form

Please Print:

Student's First Name: _____ Last Name: _____

If Policy is under a primary name (ie parent), please include:

Policy Holder First Name: _____

Policy Holder Last Name: _____

- Please print the **FRONT AND BACK** of your insurance card on **THIS** form
- Please note any information that is not clear on the copy of the card
- Return by:
 1. Fax to 860.210.1986 If you fax the card information, please **PRINT** the information to the side of the card if faxing. Faxes of cards often come through as black blurs.
 2. Or Mail 2 copies to Steffen Coleman, EMIA, 2 Merry Acres Lane, New Milford, CT 06776.
 3. Or Email to steffen@diversityofdance.org (preferred)

Note: If the name insured is UNDER a parent/guardian's policy, we need the PRIMARY policy holder's name on this form.

Thank You.