

# Boarder Health Insurance Card Form

ATTACH a FRONT & BACK Copy of INSURANCE CARD Information HERE

**REQUIRED**

Attach a copy of

**FRONT**

of your Health Insurance Card

**REQUIRED**

Attach a copy of

**BACK**

of your Health Insurance Card

Name of Parent Policy Holder: \_\_\_\_\_

Date of Birth of Parent Policy Holder: \_\_\_\_\_

Check here if you have enrolled your child in the United Healthcare Insurance Plan through our school