



## INSURANCE

### Primary Medical/Health and Accident Insurance

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Subscriber's I.D. No.

\_\_\_\_\_  
Group No.

\_\_\_\_\_  
SSN

### Secondary Medical/Health and Accident Insurance

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Subscriber's I.D. No.

\_\_\_\_\_  
Group No.

\_\_\_\_\_  
SSN

The legal responsibility for medical and transportation expense incurred on behalf of your son and/or daughter is a parental one.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Legal Guardian