



Scholar Health Insurance Coverage

2021-2022

Scholar's Name: _____

Insurance Company and Plan _____

Member ID: _____

Policy#: _____

Insurance Phone: _____

Does your child's Health Insurance cover them while they are in Connecticut?

Yes _____ No _____ Not sure _____

Please provide a copy or a photo of your child's current health insurance card.

Please provide updated information if your health insurance changes.

For ABC use:

____ Insurance card on file

____ Insurance accepted in CT