

ANNUAL YOUTH HEALTH INSURANCE FORM
FELLOWSHIP BAPTIST CHURCH

Date: _____

Please print the youth's first, middle and last name.

_____ **First Name**

_____ **Middle Name**

_____ **Last Name**

Home Address: _____

_____ **Street**

_____ **City**

_____ **State**

_____ **Zip Code**

Please print the youth's parent or guardian's first, middle and last name.

_____ **First Name**

_____ **Middle Name**

_____ **Last Name**

Home Address: _____

_____ **Street**

_____ **City**

_____ **State**

_____ **Zip Code**

Please print the name of the Health Insurance company which provides coverage for the listed youth.

_____ **Health Insurance Company Name**

_____ **Group Policy Number**

Insurance

Agency Address: _____

_____ **Street**

_____ **City**

_____ **State**

_____ **Zip Code**

_____ **Parent or Guardian's Signature**

_____ **Date**