

# Health Insurance Inquiry Form

**New Jersey Law Requires all Students 18 and Under to be Insured**

## **MORRIS KNOLLS HIGH SCHOOL MORRIS HILLS REGIONAL DISTRICT**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth (Mo/Day/Year) \_\_\_\_\_

Mother's/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Father's/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade \_\_\_\_\_

### **Does the student listed above have health insurance?**

**Yes** \_\_\_ If yes, name of insurance company \_\_\_\_\_

**No** \_\_\_

*NJ FamilyCare provides free or low cost health insurance for uninsured children and certain parents. For more information call 1.800.701.0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.*

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance for my family.

**Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN TO THE GENERAL OFFICE**