

**Fairfax Presbyterian Preschool  
Health Insurance Information Form**

Student's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Identification/Policy  
Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's Place of  
Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Insurance Company  
Telephone Number: \_\_\_\_\_