

# Earl Mosley's Institute of the Arts

## Health Insurance Card Form

Please Print:

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

PLEASE & THANK YOU:

- Print the **FRONT AND BACK** of your insurance card on **THIS** form
- Note: A copy made on a copy machine with the front and back on one side is preferred over a phone photo if possible. Make sure all information is legible (including on the back).
- Return by:
  1. Email to [info@EMIAdance.org](mailto:info@EMIAdance.org) (preferred) or
  2. Mail 2 copies to Steffen Coleman, EMIA, 2 Merry Acres Lane, New Milford, CT 06776.