

Christian Family Services, Inc.

INSURANCE INFORMATION

Names _____ Date _____

Please provide us with the following information regarding the health insurance you will use to cover your adopted child.

1. Do you have health insurance? _____ Yes _____ No

2. Is the policy through your employer? _____ Yes _____ No
If so, who is your employer and who is the insured on the policy?

_____ Does the policy have coverage for your dependents? _____ Yes _____ No

3. Name of carrier _____
Address for filing claims _____

_____ Claims telephone number _____

4. Policy Number _____

5. Have you asked your insurance carrier when an adopted child can be covered under your policy? _____ Yes _____ No. If yes, with whom did you talk, and what their response? _____

_____ Do you have a letter confirming that response? _____ Yes _____ No
If yes, please send us a copy of the confirmation.

6. Does your employer have an adoption benefit program? _____ Yes _____ No
If so, please describe _____

7. Is there any other information that may be important in dealing with your insurance company? _____
