

# Insurance Card Form

Participant's Name: \_\_\_\_\_

Parish City & State: \_\_\_\_\_

***Place a copy of your Insurance Card-Front and Back on this form:***

**Insurance Card Front:**

**Insurance Card Back:**

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

Name of Insured: \_\_\_\_\_

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

Bin Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*\* FOR WINTER YOUTH RALLY – please return forms directly to your Lead Advisor \*\***

All forms may be downloaded from our website:  
[www.atlmetropolis.org](http://www.atlmetropolis.org)