



**PLEASE RETURN TO:**

**WINTER** (September 1 - May 31)  
3 New King St., White Plains, NY 10604  
p: 914-437-7200 f: 914-422-3635

**SUMMER** (June 1 - August 31)  
700 Churchill Street, Pittsfield, MA 01201  
p: 413-447-8900 f: 413-447-8905

**Staff Name** \_\_\_\_\_

First, Last (Please Print)

## MEDICAL INSURANCE INFORMATION

Medical Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone Number for verification \_\_\_\_\_

## PRESCRIPTION INSURANCE INFORMATION

Is the staff member covered by family prescription insurance?  Yes  No

If so, indicate Carrier or Plan Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Staff Member \_\_\_\_\_

Social Security Number of Policy Holder or Insurance ID Number \_\_\_\_\_

Phone number for verification \_\_\_\_\_