



MALONE CENTRAL SCHOOL DISTRICT
MALONE, NEW YORK

HEALTH INSURANCE RE-CERTIFICATION FORM

Name: _____

Date of Birth: _____

Mailing Address: _____

Marital Status: Single Married Divorced Widowed

LIST DEPENDENTS COVERED (List spouse and all covered children Under the Age of 26):

Name	Relationship	Date of Birth

Please return completed form by **Friday, September 22, 2017** to:

Malone Central School District
Business Office
42 Huskie Lane
P.O. Box 847
Malone, NY 12953