

# LONE STAR LEADERSHIP ACADEMY TEMPORARY INSURANCE ACKNOWLEDGEMENT

Please submit this form with your child's Lone Star Leadership Academy Application.

Education in Action (EIA) via our agent **LuCinda Boaz** has provided you with estimated rates from HCC Medical for temporary insurance coverage. LuCinda Boaz will contact you 30 days prior to your child's program date to help facilitate enrolling your child in a temporary insurance program. Neither EIA nor our agent can guarantee that your child will be accepted by HCC Medical. However, we have never had a child who has been denied coverage in the past.

If your child has not been a permanent resident living in the United States for at least two years, or should your child have a medical condition that you feel may preclude him/her from coverage with HCC Medical, please contact our agent LuCinda Boaz immediately at **817-285-0311** to discuss your concerns.

**Please note that the application and enrollment process for temporary insurance can only be completed electronically. You must have a valid and working email address in order to apply for temporary insurance for your child.**

## ACKNOWLEDGEMENT

***To confirm that the child's Legal Guardian has read and understands this acknowledgement, please initial each of the statements below:***

1. I understand that my child cannot attend the Lone Star Leadership Academy without proof of health insurance. (initial) \_\_\_\_\_
2. I understand it is my responsibility to ensure that my child has health insurance during his/her camp attendance. (initial) \_\_\_\_\_
3. I understand that I must provide EIA proof of health insurance coverage no later than 2 weeks prior to my child's program date. (initial) \_\_\_\_\_
4. I understand that my child will **not** be allowed to attend his/her program without proof of health insurance coverage. (initial) \_\_\_\_\_

## CONTACT INFORMATION

Name of Child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent's Work Email: \_\_\_\_\_

Parent's Home Email: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Camp Location applying for (*circle one*): Dallas/Fort Worth Austin/San Antonio Houston/Galveston