



**THE NEW YORK CITY
TAXI AND LIMOUSINE COMMISSION**



HEALTH INSURANCE CONTACT FORM

DO YOU CURRENTLY HAVE HEALTH INSURANCE, SUCH AS MEDICAID, CHILD HEALTH PLUS, OR PRIVATE INSURANCE FOR YOU AND YOUR CHILDREN?

‘ Yes ‘ No (If No, continue)

Self/Parent/Caregiver:

NAME: _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE (Day): _____ **PHONE (Evening):** _____

WHEN IS THE BEST TIME TO REACH YOU?

‘ Morning

‘ Afternoon

‘ Evening

Primary Language In Household: _____

Number of Children 18 Years of Age or Younger Living in Household: _____

Please Contact Me To:

‘ Help Me Apply For Health Insurance For My Child(ren).

‘ Help Me Apply For Health Insurance For Myself.

To enroll yourself or your children, fill out the form above and mail to:

**New York City Taxi & Limousine Commission
Health Insurance Program
40 Rector Street, 5th Floor
New York, New York 10006**

FOR FURTHER INFORMATION / CONTACT FORMS CALL:

3-1-1