



Insurance Form

Personal health insurance is required by the Sunset International Bible Institute / AIM, and all applicants must complete this form.

Proof of Insurance will be needed when you come to registration.

Applicant Name (please print): _____

Insurance Policy Information

Insurance Company Name: _____

Mailing Address:

Street

City

State

Zip Code

Insurance Policy Details

Policy Holder Name: _____ Policy #: _____

Group #: _____ ID #: _____

Applicant's Insurance Card

If you do not already have one, please have your insurance company issue you your own card.

Submitting This Form and your Personal Insurance Card

Please take a photo and scan this form along with your personal insurance card (you can do this with your phone). Then email the PDF to aim@sibi.cc