

**CHILD AND FAMILY CONNECTIONS  
CHANGE OF INSURANCE NOTIFICATION**

Child's Last Name, First Name & Middle Initial: \_\_\_\_\_

Child's Date of Birth (Month/Day/Year): \_\_\_\_\_

CBO/EI #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Date of Birth (Month/Day/Year): \_\_\_\_\_

Policy Number: \_\_\_\_\_

**NOTE: Use this form only when no insurance card is obtainable by the family.**

**Submit this form along with the CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates. A 45-day exception period will begin the date that the CBO receives them. During the 45-day exception period, all providers may bill the CBO for services. No insurance company EOB will be required during this period unless all conditions and requirements of the new insurance plan have been identified and met by the provider OR until the expiration of the 45-day exception period. The CFC will receive a Child & Family Connections 45 Day Insurance Exception Form completed by the CBO verifying the dates of the 45-day exception period. The CFC is responsible for informing the Payee/Provider and ensuring proper service authorizations are utilized.**

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.