

ABHS Internships: Proof of Health Insurance

Student Information

Student Name: _____ Student ID: _____

Date of Birth: _____ Gender: Male Female

Email Address: _____

Check one of the following boxes:

- I'm enroll at AAMU for the Fall Spring Summer of Year: _____ for a total of _____ Credit Hours
(For information on student health insurance benefits, please visit <https://tinyurl.com/44mcfyuk>)

OR

- I'm not enroll at AAMU the semester in which I am taking my Internship.

Note: Student must provide proof of insurance. It is the responsibility of the student or their parents/guardians to verify their insurance plan coverage.

Health Insurance Information

Insurance Company Name: _____ Primary Policy Holder's Name: _____

Primary Policy Holder's Date of Birth: _____ Primary Policy Holder: Self Mother Father
Guardian Spouse

Group Number: _____ Policy Number: _____ Telephone: _____

I attest that this information is valid and accurate. I understand that willful falsification of information is a violation of the university's Student Code of Conduct, and I understand that all of the information on this page is subject to verification.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(Required if student is under 19)