

Troy University  
School of Nursing

## Health Insurance Verification

*(Submit each semester enrolled in clinical courses)*

I hereby declare that I have current health care insurance that is valid in Alabama. The health care insurance company with which I have coverage is

---

The contract number of my health care insurance is:

---

Student Name: (Print) \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be submitted each term you are enrolled in a clinical nursing course.