

**Health Insurance Disclaimer**  
**College of Health and Human Performance**

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**Name:** \_\_\_\_\_ **UFID:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Major:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please check the appropriate box:

- I have health insurance coverage. (Complete PART I)  
 I do not have health insurance coverage. (Complete Part II)

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**Part I Health Insurance Information**

**Provider Name:** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Effective Dates:** \_\_\_\_\_

My signature verifies this information is true and accurate: \_\_\_\_\_

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**Part II Uninsured Student Disclaimer**

I, \_\_\_\_\_, understand that the University of Florida is not  
*(print name)*  
responsible for any health expenses incurred during my field experience, practicum  
and/or internship hours. Further, I have been advised by the University of Florida to  
obtain health insurance and I have elected not to do so.

\_\_\_\_\_  
*Student Signature*