

CLEVELAND STATE UNIVERSITY
Department of Sports Medicine

STATEMENT DECLARING LACK OF HEALTH INSURANCE

I, _____, of full age and sound mind, do hereby swear:
Student-Athlete Printed Name

1. I do not have coverage under any health insurance policy and I am not covered or named on any other person's health insurance policy.
2. I am not otherwise entitled to health insurance benefits of any kind.
3. I am therefore executing this affidavit in order to receive benefits provided by the secondary insurance policy retained by Cleveland State University.
4. I understand that if, during the course of the year, my family or I obtains health insurance, that it is my responsibility to notify the athletic training staff and provide them with the policy information and a copy of the front and back of the insurance card.
5. I understand that if it is discovered that a health insurance policy did in fact exist at the time of an injury and/or the time that physician or hospital fees were incurred, that I would be held financially responsible for the bills acquired on my behalf during that time period.

Student-Athlete's Printed Name: _____

Student-Athlete's Social Security Number: _____

Student-Athlete's Signature: _____

Parent/Guardian Signature: _____
(IF Athlete is under 18 years of age)

Today's Date: _____

Notary Seal:

Notary of Public: _____

Date: _____

THIS FORM MUST BE NOTARIZED TO BE VALID!