

**QUILLEN COLLEGE OF MEDICINE  
EAST TENNESSEE STATE UNIVERSITY  
ANNUAL HEALTH INSURANCE DECLARATION**

The East Tennessee State University Quillen College of Medicine requires all students to carry and maintain health insurance while enrolled.

Currently, the university does not provide domestic health insurance coverage for its students; therefore, you will need to provide proof of coverage through a private policy. Please complete the health insurance verification form below and attach a ***copy of the front and back of your insurance card.***

Please upload these forms to ***myRecordTracker*** at <https://www.myrecordtracker.com/>. Documents must be received to ***myRecordTracker*** **by July 8, 2019.** If you have any questions, contact the Office of Student Services at (423) 439-2019.

Student Name _____	Date of Birth _____
Last                      First                      M.I.	Month      Day      Year

**PRIVATE HEALTH INSURANCE VERIFICATION**

Please complete the information below for your private health insurance policy. Be sure to send a copy of the front and back of your insurance card along with this form.

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Full Name of Insured Party \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

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

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Insurance Company Address (Street, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_

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Insurance Policy Number or Group Number \_\_\_\_\_

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Effective Coverage Dates \_\_\_\_\_

## INSURANCE POLICY STATEMENT

I understand that I must maintain health insurance as a condition of my enrollment at the East Tennessee State University Quillen College of Medicine. I also understand that it is my responsibility to purchase health insurance and provide proof of having insurance through a provider on an annual basis. I further understand that failure to abide by this policy could result in an interruption of my enrollment and may be considered a violation of the Honor Code Policy.

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Signature

Date