

FORM C

HEALTH INSURANCE

Requirement:

All students in the UHM nursing program must have basic health insurance coverage (e.g., HMSA, Kaiser, etc.) for the duration of your enrollment in the nursing program.

Confirmation:

By signing below, I affirm that I will have health insurance coverage while I am enrolled in the UHM Nursing program.

Print Name _____

Signature _____

Date _____