



COLLEGE OF NURSING & HEALTH SCIENCES

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program / Graduation Year: \_\_\_\_\_

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

**CNHS INSURANCE REQUIREMENTS**

**Proof of Health Insurance Form- Submit this form AND copy of insurance card**

*\*The University does not pay medical costs resulting from injury during clinical/practicum rotations or other curricular activity unless this injury is due to negligence of the University. All CNHS students are required to carry their own health insurance. It is your responsibility to resubmit your insurance if there are any changes.*

Subscriber/Member ID \_\_\_\_\_

Primary Subscriber's Name \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Subscriber's Relationship to You \_\_\_\_\_

**It is MANDATORY that you scan and upload this form AND a copy of your insurance card to CastleBranch.**

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.