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 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 mail or fax the completed form to:
Office of Student Affairs
Quillen College of Medicine
Box 70580
Johnson City, TN 37614
Fax: (423) 439-2070

_We must receive your insurance information no later than June 12, 2015._ If you have any questions, contact the Office of Student Affairs at (423) 439-2019.

**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.

- **Student Name**
  - Last
  - First
  - M.I.
  - Date of
  - Month
  - Day
  - Year

**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 annually 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.

_____________________________  
Signature

_____________________________  
Date