

UL LAFAYETTE COLLEGE OF NURSING AND ALLIED HEALTH PROFESSIONS
STUDENT HEALTH/HOSPITALIZATION INSURANCE CERTIFICATION

The University of Louisiana at Lafayette College of Nursing and Allied Health Professions REQUIRES that students in clinical nursing courses have health/hospitalization insurance. In order to meet this minimal requirement, students have two options:

1. I will retain UL Lafayette student Accident-Only Policy, the cost of which is included in registration fee for full-time students;

and/or

2. Provide proof of comparable private insurance coverage.

PLEASE COMPLETE ONE OF THE FOLLOWING:

1. I will retain UL Lafayette student Accident-Only Policy, the cost of which is included in the UL Lafayette registration fee for full-time students.

Name (Print)

Social Security Number

2. I have personal health insurance through a private carrier as described below, and will not purchase Student health/hospitalization insurance through UL Lafayette.

Name (Print)

Social Security Number

Name of Company _____

Policy # _____

Agent's Name _____

Address _____

Signature _____ Date _____

As College of Nursing students may be exposed to a number of communicable diseases while caring for clients in clinical settings, they may be at a higher risk than other university students for contracting a communicable disease. For this reason, the College of Nursing requires all students enrolled in clinical nursing courses to retain the ULL health/hospitalization insurance policy (the cost of which is included in the ULL registration fee for full-time students) or a comparable policy.

The UL Lafayette Health Insurance Plan provides benefits for a modest premium charge per semester. It is, however, not sufficient to cover expenses for an extended illness. In other words, the policy is supplemental in nature and will not provide comprehensive coverage for an extended period of time. The College of Nursing, therefore, HIGHLY RECOMMENDS that students carry additional insurance together with UL Lafayette's supplemental policy. Please visit the Student Health Services website at www.louisiana.edu/Student/Health for more information on insurance coverage under this plan.

I understand that at all times while enrolled in clinical nursing courses, I will carry one of the two insurance policies described.

I understand also, that the required insurance coverage is supplemental in nature and the College of Nursing HIGHLY RECOMMENDS that I retain additional health-hospitalization insurance coverage while in clinical nursing courses.

Signature _____ Date _____
