

Verification of No Health Insurance Form

Client Section:

Today's date: _____

I, _____,

Client Name

am currently employed full time or part time (please circle one)

at _____.

Name and Address of Employer

Employer Section:

I hereby declare that _____ is currently **NOT** eligible and **WILL NOT**

Client's Name

be eligible in the next six months to enroll in a private health insurance benefits plan

through their employer.

Employer's name (please print)

Phone number

Employer's signature

Date