

**AFFIDAVIT OF NO HEALTH INSURANCE**

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PERSONALLY APPEARED BEFORE ME, \_\_\_\_\_, who being duly sworn, deposes and says as follows:

1. That I am over eighteen (18) years of age and otherwise competent to make this sworn statement and verification that the following is true, except as to those matters stated upon information and belief and I believe them to be true.

2. That I currently reside at \_\_\_\_\_.

3. That I was involved in an automobile accident on \_\_\_\_\_.

4. That: (check the appropriate box below)

I have no private or group health insurance Medicaid or Medicare to assist with paying medical expenses for treatment related to the above-referenced accident, nor am I covered under the health insurance of a spouse or parent.

I carried private or group health insurance or Medicaid or Medicare but I have not and will not submit a claim with any health insurance provider for medical expenses for treatment related to the above-referenced accident.

5. That, to the best of my knowledge and belief, the information contained herein is true, correct and complete.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Sworn to and subscribed before me  
this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_