Acknowledgement and Waiver of Personal Healthcare Coverage

Personal healthcare coverage (insurance) is required for all BSN students at UT Tyler, and proof of such coverage must be provided before initiating the program. It must also remain current for the duration of the student’s time in the BSN program (typically 2 years). Students can choose to not purchase personal health insurance, or defer their enrollment to an open enrollment period, as set by the insurance company.

I, _______________________, by signing this form, acknowledge that I have voluntarily opted out of personal healthcare coverage, temporarily or indefinitely. As a result, I am financially responsible for any injury occurring to my person while at a clinical site.

I plan to (check one that applies):

☐ defer my enrollment to an open enrollment period, and at that time will provide proof of insurance to the School of Nursing (submitted online on CastleBranch), and accept all financial responsibility for any injury associated with clinicals, as required for the BSN program, until covered.

☐ opt out of personal healthcare coverage, and accept all financial responsibility for any injury associated with clinicals, as required for the BSN program.

____________________________________  ________________________
Student Signature          Date