

INSURANCE FORM

The **STUDENT** completes this form and returns it to the internship advisor in the Liberal Studies Advising Office, 726 Broadway.

If you are injured at your internship, the company or corporate sponsors of your internship should be held accountable. You should also plan to use your own health insurance to cover any injuries. To insure that we understand your current insurance coverage, **please sign one of the following statements:**

1. NYU Health Insurance Plan

I am currently covered under the NYU Health Insurance Plan

(It is mandatory for all resident students to be insured while residing in NYU housing)

STUDENT'S NAME: _____

SIGNATURE: _____ DATE: _____

2. Personal or Family Health Insurance

I have personal or family health insurance that will cover my internship participation.

STUDENT'S NAME: _____

SIGNATURE: _____ DATE: _____

3. No Health Insurance, NYU Not Responsible

I do not have insurance and hereby absolve NYU of any responsibility pertaining to this internship and my health.

STUDENT'S NAME: _____

SIGNATURE: _____ DATE: _____