



The rising STAR of Texas

Health Insurance Coverage

I hereby certify that I understand that my health insurance provides coverage that I have determined to be adequate and satisfactory for injury or illness that might befall me while I am participating in a Texas State Extension Studies program. I have consulted persons I deem appropriate to verify this coverage and its adequacy for coverage. I acknowledge that Texas State and its representatives have not made any representations to me concerning the adequacy of my health insurance, and I further acknowledge that it is my sole responsibility that my health insurance coverage is adequate for my needs.

It is recommended that you carry your insurance information with you at ALL times.

Print Name: _____

Texas State Student ID # (PLID): _____

Extension Program: _____

Signature: _____

Date: _____