

**AFFIDAVIT OF NO HEALTH INSURANCE**

This will certify that I, \_\_\_\_\_, residing at  
\_\_\_\_\_ did not have private or group  
health insurance, Medicaid or Medicare benefits to assist with paying medical expenses for the  
crash occurring on \_\_\_\_\_, and at  
\_\_\_\_\_.

I further certify that at the time of the loss on \_\_\_\_\_, I was not covered  
under the health insurance of a spouse or parent.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_