

HEALTH INSURANCE INFORMATION

To participate in the ALET program, the Alaska Public Safety Academy **requires** you to be covered by health insurance in the event that you become ill or injured during the training period. Please supply the following information.

NAME _____

_____ I have current health insurance policy in my name. The name of the health insurance carrier and policy number is:

_____ I am covered by a policy held by someone else. The name of the health insurance carrier and policy number is:

Name in which policy is held: _____

Relationship to me: _____

_____ I am not currently covered by health insurance, but I will arrange for coverage for the period of training and I will supply the above information **prior** to the beginning of the program.