

Claim No.: \_\_\_\_\_

## AFFIDAVIT OF NO OTHER SOURCES OF INSURANCE

State of: \_\_\_\_\_ County of: \_\_\_\_\_

I, \_\_\_\_\_ of full age, being duly sworn according to law, on his/her oath says:

1. I currently reside at \_\_\_\_\_ and have done so since \_\_\_\_\_.
2. My home phone number is \_\_\_\_\_.
3. My date of birth ("DOB") is \_\_\_\_\_.
4. My social security number ("SSN") is \_\_\_\_\_.  
(if none, enter "none")
5. My Individual Taxpayer Identification number ("ITIN") is \_\_\_\_\_.  
(if none, enter "none")
6. Gender is \_\_\_\_\_ Male \_\_\_\_\_ Female
7. Medicare beneficiary (Select and complete one)
  - a. \_\_\_\_\_ I **am not** a Medicare beneficiary
  - b. \_\_\_\_\_ I **am** a Medicare beneficiary and my Health Insurance Claim Number ("HICN") is \_\_\_\_\_.
8. My driver's license information is: State \_\_\_\_\_ Number \_\_\_\_\_.
9. On \_\_\_\_\_, the date the accident occurred:
  - a. I resided at \_\_\_\_\_.
  - b. If my driver's license was different than in (7) above, it was:
    - i. State \_\_\_\_\_ Number \_\_\_\_\_.
  - c. Other residents of my household on the date the accident occurred were:
    - i. Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Their relationship to you \_\_\_\_\_
    - ii. Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Their relationship to you \_\_\_\_\_
    - iii. Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Their relationship to you \_\_\_\_\_

**Check all that apply below:**

10. \_\_\_\_\_ On \_\_\_\_\_, the date the accident occurred, I was not a resident of a household wherein any resident was the registered owner of a motor vehicle covered by a policy issued by an insurance company
11. \_\_\_\_\_ On \_\_\_\_\_, the date the accident occurred, I was not insured by **any** medical insurance carrier for coverage of medical services.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print Name