

Florida Affidavit

Email all forms to:

The National Alliance for Insurance Education & Research

Email: affidavit@scic.com

Affidavit of Webinar Completion

Student Information

Student Name:		
Street:		
City:	State:	Postal Code:
Phone Number:		
Course Name: Life & Health (Webinar)		

Date	Section Title
	1. Life & Annuity Policies
	1. Life & Annuity Policies (continued) 2. Business Life Concepts
	3. Health Insurance & Employee Benefit Concepts
	3. Health Insurance & Employee Benefit Concepts (continued)

Affidavit of Personal Responsibility Completed and Signed by Students

I _____, certify that I participated in and attended all sessions of the web cast course <u>105342</u> (Florida course ID #)	
_____	_____
Student's Signature	Date