

# Michigan Affidavit

Email all forms to:

The National Alliance for Insurance Education & Research

Email: [affidavit@scic.com](mailto:affidavit@scic.com)

## Affidavit of Webinar Completion

### Student Information

Student Name:		
Street:		
City:	State:	Postal Code:
Phone Number:		
Course Name: CIC 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 Student

I _____, certify that I participated in and attended all sessions of the web cast course _____ 81181 _____ (Michigan course ID #)	
_____	_____
Student's Signature	Date