



**Request for Waiver from Enrollment in UT Austin’s Student Medical Insurance Plan: Fall 2009**

F-1 students covered by a private medical insurance plan with benefits comparable to or better than those outlined below, may be eligible for a waiver from UT Austin’s international student health insurance requirement. Coverage must be in effect from **August 24, 2009 – January 14, 2010**. An alternate medical insurance plan must meet or exceed the following minimum requirements:

- Medical benefits of at least \$50,000 per accident or illness
- Evacuation benefits of at least \$10,000
- Deductible does not exceed \$500 per accident or illness
- Repatriation of remains benefit in the amount of \$7,500

**Process for Requesting A Waiver from Enrollment in UT Austin’s Student Medical Insurance Plan:** To request a waiver from enrollment in UT’s Student Health Insurance Plan, the following steps must be taken. This is a semesterly process and your request must be renewed every semester:

1. Student: Complete Part I of this form & provide this form to your insurance provider
2. Insurance Provider: Complete Part II by attesting that the student’s plan meets the minimum benefit levels and return this signed form to the student
3. Student: Submit the waiver form to ESL Services at registration (August 24, 25, or 26).  
**Waivers will not be accepted after those dates.**

**Part I (To be completed by student)**

Student’s Name: \_\_\_\_\_ Student EID: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Policy Information:**

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Beginning Date of Coverage: \_\_\_\_\_ End Date of Coverage: \_\_\_\_\_

Address: \_\_\_\_\_

**Part II (To be completed by Student’s Insurance Provider)**

The above named student is covered by medical insurance meeting the following minimum requirements for the dates listed above:

- Medical benefits of at least \$50,000 per accident or illness
- Deductible not to exceed \$500 per accident or illness
- Medical evacuation benefits of at least \$10,000
- Repatriation of remains benefit of at least \$7500.

Insurance Representative (printed): \_\_\_\_\_

Signature of Insurance Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_