

SHI WAIVER APPLICATION CHECKLIST

Attention Students:

It is your responsibility to make sure that you have read and understand the information that is listed on the checklist and waiver application form. The SHI Office will not accept incomplete applications and will not make any exceptions for accepting waiver applications before or after the scheduled dates of the waiver period. Please follow the steps below to ensure that you will not be submitting an incomplete waiver application.

Bring this checklist form with you when you submit your application in the Student Health Center so the staff can give you a receipt showing that we have received your application.

- Read and complete the attached waiver application.
- Verify that your policy meets the following minimum UT System requirements:
 1. Medical Coverage is \$50,000 or more PER ACCIDENT/ILLNESS
 2. Deductible is \$500 or less
 3. Medical Evacuation Coverage is \$10,000 or more
 4. Repatriation Coverage is \$7,500 or more
 5. Company: meets federal solvency guidelines (if you are unsure, you may ask your insurance company)
 6. Dates of coverage meet or exceed the requirement for the semester
- Attach all of the required documentation that is listed for your section on the application.
- Submit your waiver application in person to the Student Health Center (SSB 4.700)
- The Student Health Insurance Office will process waivers within a maximum of five business days.
- The Student Health Insurance Office will send all communication through your UTD email address only.
- Complete waiver application should be submitted **ONLY ONCE** unless otherwise instructed.
- All documents must be in English.
- All documents that list any form of currency must be in U.S. dollars.
- If the documents are in a foreign language, a certified translation will be required with your application.
- Copies of the entire benefits guide will no longer be accepted; only the summary page is required.
- Incomplete waiver applications will not be reviewed.
- Multiple semester waivers will be given for the current academic year only and only if the coverage dates of your policy include the dates of the semesters for which you are making application.
- Waiver applications will only be accepted during the scheduled waiver period dates.

This is to certify that the Student Health Insurance Office has received a complete waiver application from

_____ for the _____ semester(s).
Name UTD ID

SHC Staff Use Only/Date: _____

You will receive a decision on your waiver application no more than 5 business days from the date of this receipt.



STUDENT HEALTH INSURANCE OFFICE
THE UNIVERSITY OF TEXAS AT DALLAS

800 West Campbell Road, SSB 43 Richardson, Texas 75080-3021 • (972) 883-2747
FAX (972) 883-2069 • Email: stuhealthinsurance@utdallas.edu

INSURANCE WAIVER APPLICATION

Student Name _____ Date of Birth: _____
UTD Email: _____ Visa Type: _____
UTD ID: _____

Semester(s) for which the waiver is requested:

- Spring 2012 (1/17/2012-5/29/2012)
- Summer 2012 (5/30/2012-8/18/2012)

All Students:

In support of my request for a waiver from the requirement that I enroll in the Student Health Insurance Plan, I certify that I have current health insurance coverage that meets or exceeds the following requirements that will remain in effect for the entire UTD Student Health Insurance coverage period:

- Yes No \$50,000 or more medical benefits for each illness or injury.
- Yes No A deductible of \$500 or less.
- Yes No Minimum of \$7,500 for repatriation of remains benefit.
- Yes No Minimum of \$10,000 for medical evacuation benefit.

Please complete the section that applies to your insurance type:

Teaching Assistants (TA) / Research Assistants (RA):

- Yes No I am employed on campus as a Teaching Assistant or Research Assistant.
- Yes No I am currently enrolled with the UT System Employee Health Plan and will purchase a Supplemental Repatriation/Medical Evacuation policy to be in compliance with the United States Information Agency Regulations. **If you answered "No" to this question and will not be taking the UT Employee Insurance, please proceed to the next section titled "Students with Private or U.S. Employer Insurance."**

I have provided a copy of one of the following required documents that verifies my UT System Employee Health Plan:

- The front and back of my insurance card.
- A confirmation letter from the UT Touch System.
- A TA/RA Benefit Verification form signed and dated by an HR Office Representative.

Students with Private or U.S. Employer Insurance:

In support of my request, I am providing the following required documentation to verify (1) my coverage meets or exceeds the required minimums listed above and (2) the coverage will remain in effect during the period for which the waiver is requested:

- A copy of my benefits summary, in English, that identifies me as a covered individual, provides the dates of my coverage, and clearly indicates that the coverage meets or exceeds the minimum requirements, including coverage amounts in US dollars.
- A copy of the front and back of my insurance card.

A copy of proof of medical evacuation and repatriation coverage, if applicable.

All Students:

ATTENTION STUDENTS: PLEASE READ THROUGH THE FOLLOWING INFORMATION AND PUT YOUR INITIALS IN THE BLANK SPACES NEXT TO EACH STATEMENT. IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOU HAVE READ AND UNDERSTAND THIS ENTIRE FORM.

_____ The SHI Office will process waivers within a maximum of five business days from the date the application is received.

_____ The SHI Office will send all communication through my UTD email address only.

_____ Complete waiver application should be submitted **only once** unless otherwise instructed by the Student Health Insurance Office.

_____ All documents must be in English.

_____ All documents that list any form of currency must be in U.S. dollars.

_____ If the documents are in any language other than English, a certified translation will be required with your application .

_____ Copies of the entire insurance benefits guide will no longer be accepted; only the summary page is required.

_____ Incomplete waiver applications will not be reviewed.

_____ Multiple semester waivers will be given for the current academic year only and only if the coverage dates of your policy include the dates of the semesters for which you are making application.

_____ Waiver applications will only be accepted during the scheduled waiver period dates.

I certify that my current health insurance coverage meets or exceeds the minimum coverage that was listed on the previous page. I understand that I will be assessed a \$31 per semester fee to pay for the required medical evacuation/repatriation coverage, unless I attach proof of medical evacuation benefits of at least \$10,000 and repatriation benefits of at least \$7,500. I understand that the sole purpose of UTD's review of this waiver is to determine if I qualify for a waiver of enrollment in the Student Health Insurance Plan. I certify that **my health insurance coverage is in effect and will remain in effect for the entire UTD Student Health Insurance coverage period for the semester I am requesting this waiver.** UTD's review of this application does not constitute a determination by UTD as to the adequacy of this coverage for any purpose. I understand that I am legally responsible for my own medical expenses and that UTD is not responsible for such expenses.

Student Signature _____ Date _____

SHC Approval Signature _____ Date _____

OFFICE USE ONLY

Semesters Waived

2122

2125

Repatriation / Evacuation Codes

EV1

EV2

Reason For Denied Waiver:

