

## Private (Non-Employment) Insurance Coverage - Waiver Request

### Request for Waiver from Enrollment in the UT-Tyler Student Medical Insurance Plan based on Private Insurance Coverage for Fall 2011/Spring 2012 Academic Year (including Summer 2012)

Students covered by a **nonrefundable**, private medical insurance plan with benefits comparable to or better than those outlined below, may be eligible for a waiver from UT Tyler's international student health insurance requirement. Coverage must be in effect from **August 22, 2011 - August 21, 2012**.

**ALL newly arriving students should consider purchasing a short-term policy designed for temporary visitors traveling in the US that will provide insurance coverage from the time of their arrival in the US to the effective date of their annual policy.**

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 Tyler'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 an annual process and your request must be renewed every academic year:**

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. Letters of coverage will not be accepted in lieu of this form.
3. Student: Submit the waiver form to the Office of Graduate Admissions ADM 345 by the deadline:  
5:00 PM, Friday, August 26, 2011.

**WAIVERS WILL NOT BE ACCEPTED AFTER 8/26/2011; THIS FORM WILL NOT BE ACCEPTED AFTER 8/26/2011**

#### Part I: To be completed by student.

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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 a **nonrefundable** insurance policy meeting **all** 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: \_\_\_\_\_