

THE UNIVERSITY OF TEXAS AT DALLAS
Student Health Insurance Office

With few exceptions, you are entitled on your request to be informed about the information UT Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Dallas correct information about you that is held by us and is incorrect. Be assured that your UT Dallas records are protected from unauthorized disclosure by federal law.

Your UT Dallas ID is being requested because it is a unique identification number which is maintained for the purpose of verifying student identification.

SHI Waiver Request – Teaching or Research Assistant Coverage

PART I -- STUDENT

Student Name: _____ Date of Birth: _____
(Family Name) (Given Name)

UT Dallas E-mail: _____

I certify that I am currently enrolled with the UT System Employee Health Plan and understand that I will be assessed a fee of \$25 for a Supplemental Repatriation/Medical Evacuation policy to be in compliance with the United States Department of State Regulations.

Signature: _____

Please provide a copy of one of the following types of documentation that verifies your UT System Employee Health Plan:

- A photocopy (front and back) of your insurance card; your name must be imprinted on the card OR
- A copy of your UT Touch confirmation letter stating you have enrolled in one of the UT Dallas Employee Health plans. This letter would have been sent to your UT Dallas email account after you made a positive election for health insurance OR
- This form signed and dated by the appropriate Human Resources personnel, verifying that you have continuing coverage under one of the UT Dallas Employee Health Insurance plans. Note: Bring a copy of your assistantship offer letter or a departmental personnel's signature on this form to the Office of Human Resources in order to verify your UT Dallas Employee Health insurance coverage.

Human Resources Representative:

I verify the non-immigrant international student listed above has continuing coverage under one of the UT Dallas Employee Health Insurance plans for at least the duration of the mandated coverage period of the current semester.

Mandated coverage periods (Check all that apply):

Fall 8/20/09 – 1/10/10 Spring 1/11/10 – 5/25/10 Summer 5/26/10 – 8/20/10

Signature: _____ Ext: _____ Date: _____

Departmental Personnel:

I verify the non-immigrant international student listed above is holding an assistantship for the entire semester.

Signature: _____ Ext: _____ Date: _____

Department: _____ Semester of assistantship: _____

UT DALLAS ISSO USE ONLY

SID#: _____ Accepted by: _____

Waivers: 2098 /Fall 2102/Spring 2105/Summer Date: _____

Repat/Evac: R1/Fall R2/Spring R3/Summer