

THE UNIVERSITY OF TEXAS AT DALLAS
Student Health Insurance Office
Waiver/Reimbursement Application Form

With few exceptions, you are entitled on your request to be informed about the information U.T. 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 U.T. Dallas correct information about you that is held by us and is incorrect. Be assured that your UTD records are protected from unauthorized disclosure by federal law.

Student Name _____ Date of Birth _____

Email _____ Visa type _____

Semester/Coverage Period for which waiver is requested: Fall 2007 Spring 2008

Summer 2008 5/23/2008 – 8/20/2008

Students covered under UT Select

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.

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

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

I understand that in order to comply with United States federal regulations for J1 and J2 visa holders, it is my responsibility to maintain at least Supplemental Repatriation and Medical Evacuation coverage with a minimum of \$7,500 and \$10,000 respectively for the entire coverage period.

Students with other Insurance

In support of my request for a waiver from the requirement that I enroll in the Student Health Insurance Plan, I am currently covered under the following United States approved health insurance policy that meets or exceeds the following requirements:

- Yes No \$50,000 or more medical benefits for each illness or injury.
- Yes No A deductible of \$500 or less per person, per year.
- Yes No Minimum of \$7,500 for repatriation of remains benefit.
- Yes No Minimum of \$10,000 for medical evacuation benefit.
- Yes No Policy plan meets federal solvency guidelines.

In support of my request, I am providing the following type of 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 letter, or a copy of insurance policy pages(s) on insurance company letterhead, written in English, that:
 - Identifies me as a covered individual
 - Provides the dates of my coverage
 - Clearly indicates that the coverage meets or exceeds the minimum requirements, including coverage amounts in US dollars.

PLEASE HIGHLIGHT, CIRCLE, OR UNDERLINE THE REQUESTED INFORMATION ON YOUR INSURANCE DOCUMENTATION.

All Students

I certify that my current health insurance coverage meets or exceeds the above listed minimum coverage. I understand that the sole purpose of UTD's review of this information 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 for which I am requesting this waiver.** I understand that it is my sole responsibility to maintain the minimum coverage required by applicable federal regulations. UTD's review of this application does not constitute a determination by UTD as to the adequacy of this coverage for any purpose. I certify that I am legally responsible for my own medical expenses and that UTD is not responsible for such expenses.

Student Signature _____ Date _____

ISSO Approval Signature _____ Date _____

OFFICE USE ONLY

Insurance Waiver Codes

W1 = Fall
 W2 = Spring
 W3 = Summer

Repatriation / Evacuation Codes

R1 = Fall
 R2 = Spring
 R3 = Summer

Repatriation / Evacuation

R/E Company: _____

Date of Expiration: _____