



Private (Non-Employment) Insurance Coverage - Waiver Request

Request for Waiver from Enrollment in UT Austin’s Student Medical Insurance Plan based on Private Insurance Coverage for Fall 2009/Spring 2010 Academic Year (including Summer 2010)

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. J-1 visa holders must show coverage for all family members who will reside in the United States. Coverage must be in effect from **August 25, 2009 - August 24, 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 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
3. Student: Submit the waiver form to ISSS by the deadline: Friday, September 11, 2009.
Waivers will not be accepted after the deadline. This form will not be accepted after 9/11/2009

Part I (To be completed by student) / J-1 Students: dependent coverage form must be attached to prove insurance benefits

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: _____

(must cover the period from 8/25/09 to 8/24/10)

Address: _____

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

The above named student is covered by insurance 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: _____

Dependent Coverage Information

Complete for each dependent that will be covered by the insurance policy.

Dependent's Name: _____	Date of Birth: _____
Relation(spouse/child): _____	Gender: _____

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