

Fee Waiver Request 2010-2011

UT Dallas Student Health Insurance - International Student Services Office

1. Submit this form with documentation to the UT Dallas ISSO in person or via ISSOInsurance@utdallas.edu.
2. Within two business days, the ISSO reviews your request and replies to your UT Dallas email account.
3. If submitted documents meet waiver requirements, a waiver is applied to your Orion account. If your account is already paid in full, the fee is reimbursed by the Bursar's Office within 10 days of waiver approval.

Student Name: _____ Date of Birth: _____

E-mail: _____ Visa type: _____

UT System Requirements

Medical: \$50,000 or more per accident/illness **Deductible:** \$500 or less per accident/illness

Evacuation: \$10,000 or more **Repatriation:** \$7,500 or more

Company: Meets federal solvency guidelines (if you are unsure, ask your insurance company)

Fall (8/19/2010-1/09/2011) **Spring** (1/10/2011-5/22/2011) **Summer**, if enrolled (5/23/2011-8/18/2011)

Complete this box for: Private Insurance Coverage (Non-Employment)

Medical: I am currently insured through an insurance plan that meets or exceeds the UT System requirements listed above, including medical benefits of at least \$50,000 per accident/illness and a deductible that does not exceed \$500 per accident/illness. I have attached a copy of my current health insurance card and I understand that my UT Dallas Student Health Insurance Plan will be waived for the semesters covered by this privately-purchased plan. I also understand that I must inform the ISSO if I am no longer covered by this plan and will then be required to purchase the UT Dallas Student Health Insurance Plan.

Evacuation/Repatriation: I understand that my Orion account will be assessed a \$25 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.

Documentation Required: (1) Copy of front and back of medical insurance card showing your name and coverage dates (2) Copy of benefits summary page with medical and deductible amounts highlighted. (3) Copy of proof of evacuation/repatriation coverage, if applicable.

Student Signature: _____ Date: _____

Complete this box for: Employer Insurance Coverage (U.S. employer, CPT, TA/RA)

Medical: I am currently employed and have medical insurance through my U.S. employer or I am a dependent of a spouse/parent who does. The employer insurance plan meets or exceeds the UT System requirements listed above, including medical benefits of at least \$50,000 per accident/illness and a deductible that does not exceed \$500 per accident/illness. **I understand that the UT Dallas Student Health Insurance Plan will be waived for the following periods: (a) If I am not an F-1 visa holder, for the remainder of the academic year (b) If I am an F-1 visa holder, for one academic semester.** I understand that I must inform the ISSO if I am no longer covered by this alternative insurance plan and will then be required to purchase the UT Dallas Student Health Insurance Plan.

Evacuation/Repatriation: I understand that my Orion account will be assessed a \$25 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.

Documentation Required: (1) Copy of front and back of medical insurance card with your name on it (TA/RAs may substitute the UT Touch email sent when you first elected the policy or this waiver form signed by UT Dallas Human Resources staff) (2) Copy of proof of evacuation/repatriation coverage, if applicable.

Student Signature: _____ Date: _____

Required by TA/RA students without a UT Select insurance card or UT Touch email:

UT Dallas HR Representative Signature: _____ Date: _____

ISSO INTAKE: SID#: _____ POSTING: Orion 2108 2112 2115 EV1 EV2 (adds repat)