****

Program (UTS use only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAST NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRST NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT ID** #: **000**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UT EMAIL (net ID)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@utsouthern.edu

**FALL / SPRING** (CIRCLE ONE) **YEAR**:\_\_\_\_\_\_\_\_\_\_\_

**STATUS** (CIRCLE ONE): **UNDERGRADUATE GRADUATE**

**HEALTH INSURANCE FEE WAIVER**

**INTERNATIONAL STUDENTS W/ OWN INSRUANCE**

**\*\*IMPORTANT NOTE\*\*** “Travel” insurance is not considered medical insurance and may not qualify for waiver

**DEADLINES**

**FALL: AUGUST 31**

**SPRING: JANUARY 31**

**SUMMER: MAY 31 (NEW SUMMER STUDENTS ONLY)**

**FAILURE TO SUBMIT THE WAIVER BY THE DEADLINE WILL RESULT IN DENIAL**

**STUDENT: PLEASE READ, INITIAL, AND COMPLETE THE FOLLOWING INFORMATION**

\_\_\_I agree to maintain insurance for the full term (**8/1 – 12/31** and/or **1/1 – 7/31**) while I am at the UTS

\_\_\_I understand international students **must** have uninterrupted coverage while at UTS

\_\_\_Failure to have uninterrupted coverage will result in the loss of the waiver privilege

\_\_\_Failure to have uninterrupted coverage could be a violation of the immigration status

\_\_\_Approval of this waiver is not an endorsement of the alternate insurance policy

\_\_\_I have compared the UTS insurance policy with my policy and understand the differences

\_\_\_I understand I will be charged and agree to pay for all charges incurred at the Student Health Center

\_\_\_I may request, after payment of expenses, a detailed statement to submit to my insurance company

\_\_\_I understand my insurance company may not reimburse my expenses

\_\_\_The university cannot provide claims assistance for me

\_\_\_I understand I must complete an insurance waiver each semester I am enrolled in classes

**INSURANCE COVERAGE MUST MEET THE FOLLOWING QUALIFICATIONS: FOR UTS USE ONLY:**

* Unlimited medical coverage for both preventive and emergency care YES / NO
* Include pregnancy benefits YES / NO
* No waiting period for coverage YES / NO
* Pre-existing conditions MUST be covered YES / NO
* Deductible of $250 or less YES / NO
* Requires student to pay 25% or less per accident/illness YES / NO
* Repatriation coverage of at least $20,000 USD YES / NO
* Medical evacuation coverage of at least $50,000 USD YES / NO
* A.M. Best rating of “A-“ or better OR Standard & Poors rating of “A+” or better Rating:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Information MUST be provided in English and in US Dollars YES / NO

**PROVIDE THE FOLLOWING DOCUMENTS WITH THE WAIVER:**

\*Copy of UT Student ID \*Letter of Coverage/Proof of Insurance

\*Copy of insurance Card \*Summary of Benefits/Insurance Brochure

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APT NUMBER: \_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCAL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver: **APPROVED DENIED PARTIAL APPROVAL** Dates of Enrollment: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Reason for Denial/Partial Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Removed: \_\_\_\_\_\_\_\_\_\_ Amount Charged: \_\_\_\_\_\_\_\_\_\_ Waiver Entered By: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

***WAIVERS APPROVED ON A SEMESTER-BY-SEMESTER BASIS AND MAY BE DENIED IN THE FUTURE***

EFF 8/1/25