UNIVERSITY OF NORTH TEXAS

UNT STUDENT HEALTH INSURANCE WAIVER REQUEST FORM—ANNUAL 2006-2007

PRINT IN BLOCK LETTERS: Write clearly.

NAME: _____
Family/Last name Given name Middle Name

DATE: _____

Status ( ) IELI ( )Bachelor ( ) 2nd Bachelor ( ) Masters ( ) Doctorate ( ) Other _____

UNT ID# [___|___|___|___|___|___|___|___| **PHONE: ( )** _____

Current Visa type: F-1( ) J-1( ) H-1( ) Other- specify type_____

UNT Eaglemail address = EUID: _____**@unt.edu**

TYPE 1

( ) Privately purchased medical insurance, covering sickness and injury

( ) Government-sponsored medical insurance from your home country

FILL IN THE BLANKS BELOW WITH INFORMATION ABOUT YOUR INSURANCE:

Beginning date: _____ (08/21/06 or earlier) Ending date: _____ (08/21/07or later)
Amount of coverage per accident/illness in US$: _____ ($50,000 each or $200,000 total)
Amount of medical evacuation coverage in US$: _____ ($10,000 required)
Amount of repatriation coverage in US$: _____ ($7,500 required)
Policy written in English ( ) YES Pays for U.S. medical treatment ( ) YES
Pays for Bacterial Meningitis vaccine, annual pap smear for women, annual physical for men/women ( ) YES
Pays for allergy and acne treatment ( ) YES
Pays 100% of covered medical expenses at UNT Student Health and Wellness Center ( ) YES
Policy year "Deductible" is waived for treatment at UNT Student Health and Wellness Center ( ) YES

HIGHLIGHT these pieces of information on your insurance documentation and proof of payment.
Attach documents to this form.

TYPE 2

( ) Coverage provided by a U.S. or other employer:

FILL IN THE BLANKS BELOW WITH INFORMATION ABOUT YOUR INSURANCE:

PROOF: Attach copy of insurance card with your name or a letter from the employer if your name is not on the card.

Name of the Insurance company: _____

Name of the employed person who has the medical insurance _____

Your relationship to that person: _____

Name of the company for whom the person works: _____

TYPE 3

( ) UNT EMPLOYEE INSURANCE: NAME OF EMPLOYING DEPT. _____

PROOF: Attach the Human Resources form (NOT the Employment Waiver from your department).

( ) Coverage begins the first day of the semester with NO 90-day waiting period.

( ) Coverage begins the first day of the month following a 90-day waiting period
Student must show proof of comparable insurance for the waiting period (usually 4 months). If no comparable insurance is shown, the UNT medical insurance will be automatically charged.

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OFFICE USE ONLY: Date received: _____

Waiver date(s)

NOTES:_____

_____

UNT International

WAIVER REQUEST RECEIPT

UNT STUDENT HEALTH INSURANCE WAIVER REQUEST FORM—ANNUAL 2006 - 2007

PRINT IN BLOCK LETTERS: Write clearly.

NAME: _____
Family/Last name **Given name** **Middle Name**

DATE: _____

UNT EMPLID/Student ID# [___|___|___|___|___|___|___|___| PHONE: ( ) _____

Current Visa type: F-1( ) J-1( ) H-1( ) Other- specify type_____

UNT Eaglemail address = EUID: _____@unt.edu

Required documents attached to prove the following type of comparable medical insurance:

( ) Privately purchased medical insurance, covering sicknesses and injury

( ) Government-sponsored insurance from your home country

( ) Coverage provided by a U.S. or other employer

( ) UNT employee insurance

Date received:_____

Received by:_____