UNT STUDENT HEALTH INSURANCE WAIVER REQUEST FORM—Spring/Summer 2005

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

TYPE 1

( ) Privately purchased medical insurance, covering sickness and injury

FILL IN THE BLANKS BELOW WITH INFORMATION ABOUT YOUR INSURANCE:

Coverage beginning date:_____ (Must be January 14, 2005, or earlier)
Coverage ending date: _____ (Must be August 28, 2005, or later)
Minimum amount of coverage per accident in US$: _____ ($50,000 required)
Minimum amount of coverage per illness in US$: _____ ($50,000 required)
Amount of medical evacuation coverage in US$: _____ ($10,000 required)
Amount of repatriation coverage in US$: _____ ($7,500 required)
What proof of payment are you providing? _____ (Must be attached to this form)

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: Copy of the 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

( ) Government-sponsored insurance from your home country:

PROOF: **HIGHLIGHT** the following information on a copy of your insurance and attach to this form:
1. Insurance documents with **your name** listed and **the name of the government providing the insurance**.
2. A copy of the statement of coverage with this information highlighted: (1) **the mandatory coverage period**, (2**) $50,000 minimum** coverage per illness or accident, (3) **medical evacuation**, and (4) **repatriation**.

TYPE 4

( ) 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.
Students MUST show alternative comparable insurance coverage for the entire waiting period (usually four months) or be automatically charged for the UNT Health Insurance.

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OFFICE USE ONLY: Date received: _____

Waiver date(s) NOTES:_____

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UNIVERSITY of NORTH TEXAS

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