

Student's Name (Print): _____ Banner ID _____
 Last First Middle
 UTSA E-Mail _____ Local telephone: _____

Date of Birth: _____ VISA Type: F1 J1 H4 Other _____

Eligibility Checklist – Must read, complete and submit Checklist

<p>Does your insurance cover the following semester waiver period dates?</p> <p><input type="checkbox"/> Fall Semester: 8/26/2009 thru 1/10/2010</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your insurance meet the following requirements?</p> <ul style="list-style-type: none"> • Is your proposed plan a comprehensive, comparable, health plan providing medical coverage equal to or greater than \$50,000 per illness or accident and the effective dates reflect the duration of the waiver period? • Does the plan provide Medical Evacuation Coverage equal to or greater than \$10,000 and the effective dates reflect the duration of the waiver period? • Does the plan provide coverage for the Repatriation of Remains at a rate equal to or greater than \$7,500 and the effective dates reflect the duration of the waiver period? • Does the plan's annual Maximum Deductible equal \$500 or less? • Are the plan's value amounts represented in U.S. Dollars and the policy is written in the English Language? • Are the beginning and ending dates of the insurance, clearly stated on the policy and/or provided by employer? • If your insurance policy is not a government sponsored health plan (e.g. insurance which is paid by your country's government) or employee group insurance plan (e.g. BlueCross/Blue Shield, Humana, Aetna, etc.), does your foreign insurance policy meet the required minimum policy ratings of one of the following? <ul style="list-style-type: none"> ➢ A.M. Best rating of "A-" or above; ➢ Insurance Solvency International Ltd. Rating of "A" or above ➢ Standard and Poor's rating of "AA" or above; ➢ Weiss Research, Inc. rating of "B+" or above <p align="center">Contact your insurance company for this information and submit along with other required documents.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center"><i>DO NOT INCLUDE POLICY BOOKLET. PROVIDE ONLY SPECIFIC, ACCURATE, CLEAR AND COMPLETE INSURANCE ITEMS.</i></p>	

This checklist does not guarantee approval of Health Insurance Waiver.

If you answer "Yes" to ALL the above questions, you are eligible to submit this checklist with the Health Insurance Waiver Application to the Office of International Programs by:

Census Date, September 11, 2009.

STOP! If you answer "No" to ANY ONE of the above questions, you are not eligible to submit a health insurance waiver.

I have read and understand the above questions, and do not require additional clarification.

Signature: _____ Date: _____

THE UNIVERSITY OF TEXAS AT SAN ANTONIO, OFFICE OF INTERNATIONAL PROGRAMS (OIP)
HEALTH INSURANCE WAIVER INFORMATION AND APPLICATION - FALL 2009

UNIVERSITY GUIDELINES:

The University of Texas at San Antonio (UTSA) is a component of the University of Texas System (UT System) of Higher Education in the State of Texas. The rules and regulations of the UT System Board of Regents require that international students holding nonimmigrant visas and living in the United States are required to maintain approved comprehensive health insurance coverage while enrolled at institutions of the UT System. Each institution of the UT System is authorized to charge international students the fee for enrollment in the UT System-Sponsored student health insurance plan.

INSURANCE REQUIREMENTS:

- Effective coverage dates of all insurance must reflect the duration of the Fall waiver period, 8/26/2009 thru 1/10/2010.
- Insurance plan must be a comprehensive, comparable, employee health plan with medical coverage greater than or equal to \$50,000 per illness or accident.
- Medical Evacuation coverage must be greater than or equal to \$10,000.
- Repatriation of Remains must be greater than or equal to \$7,500.
- Annual maximum deductible must be \$500 or less.
- Policy must be written in English, should include effective coverage dates, and list coverage amounts in US currency.
- Specific minimum policy rating in accordance with Eligibility Checklist.

APPLICATION PROCESS:

All UTSA international student insurance waiver applications will be processed and reviewed by the Director or Assistant Director of the Office of International Programs. Applications with Eligibility Checklist must be received by **4pm** on **Census Date, September 11, 2009** and **will not** be accepted after this date. The international student submitting the application will be notified via the student's official UTSA **e-mail account** regarding the waiver decision. Check your student email account regularly!! You may check your application status **online** at: <http://www.utsa.edu/intprograms/healthinsurance>.

If the waiver application is approved, it is the responsibility of the international student to **verify their ASAP account for the waived insurance fee and to ensure** the substituted insurance stays in effect for the duration of the academic period. If the waiver application is **NOT** approved, the automatic fee assessment for the UT System Health Insurance Plan will remain on student's account, and must be paid in full, along with other education fees.

It remains the student's responsibility to review and submit the Insurance Eligibility Checklist with application and to provide accurate, clear and complete documentation to the Office of International Programs by the Census Date, September 11, 2009. Failure to provide all the required documents will result in the denial of the waiver. Faxed or scanned applications will not be accepted.

If you do not understand the application process, you must seek clarification early during the waiver period in order to properly submit your application before the deadline. OIP will not accept responsibility for any erroneous or incomplete information. Make your own copies before you submit application.

This waiver request is for: **(New waiver request is required each semester)**

FALL SEMESTER 2009: COVERAGE DATES: August 26, 2009 thru January 10, 2010.

CENSUS DATE DEADLINE September 11, 2009

Reason for requesting the waiver:

1. ___ **Other Health Insurance – Name of Policy Holder:** _____
Name of Insurance _____ **Effective Insurance Dates** _____

All the following **MUST** be submitted:

- Front and back copies of the insurance card;
- Insurance policy written in English, verifying the coverage dates, the coverage amounts in US currency and including the insurance rating in accordance with the checklist;
- Letter from employer written in English verifying the beginning and ending coverage dates;
- Proof of Medical Evacuation and Repatriation insurance written in English, verifying coverage amounts, coverage dates, and including the front and back copies of the card.
- Specific minimum policy rating in accordance with Eligibility Checklist.

2. ___ **UT Employee - Name of employing department:** _____

All the following **MUST** be submitted:

- Front and back copies of the insurance card;
- A copy of the benefit election coverage chosen at the Human Resources Benefit Orientation.
- A copy of Medical Evacuation and Repatriation Insurance written in English, verifying coverage amounts, and coverage dates. *(Include front and back copies of policy card)*. Please refer to our website: www.utsa.edu/intprograms/waiverinfo.cfm for a listing of companies.

3. ___ **Dependant of a UT employee: Name of Primary Ins Holder** _____
Name of UT Hiring Component _____

All the following **MUST** be submitted:

- Front and back copies of the insurance card;
- Letter or email addressed to UTSA student from other UT component's Office of Human Resources confirming employment and insurance coverage dates. Make sure UT employee's appointment covers entire insurance waiver period.
- Proof of Medical Evacuation and Repatriation insurance written in English, and verifying coverage amounts, coverage dates, and including the front and back copies of the card

4. ___ **Students participating in Study Abroad Program.**

Submit the following:

- Letter from your program advisor verifying your absence

PLEASE READ CAREFULLY BEFORE SIGNING:

I understand that it is the student's personal responsibility to maintain required health insurance coverage at all times. Failure to maintain comparable coverage, if a waiver is granted, is a violation of UTSA policy. I certify that the attached documents are accurate, valid and meet the UTSA requirements for the health insurance waiver. If my insurance is based on my employment or employment of a family member and this employment terminates during the academic year, I will immediately inform OIP and voluntarily enroll in the UT System approved student health insurance policy. I understand that failure by certain visa holders to maintain the required minimum will be reported to the appropriate authorities and may result in revocation of the visa by the U.S. Department of State.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

**Keep this receipt as confirmation that your insurance waiver application was received by OIP.
This receipt DOES NOT grant approval of your insurance waiver.**

For Office Use Only: Date Submitted: _____ Received by: _____ Student's Initials _____
