

Zip Code Exception Application

Purpose of this application: To request an exception to the University of Texas System's zip code eligibility rules.

Instructions: You MUST live or work within a zip code where the plan you wish to enroll in is offered. To verify that a plan is available to you, visit the online Zip Code lookup at: <http://utdirect.utexas.edu/sgwww/sgpnwwzc.WBX> or contact your Benefits/HR Representative. Return this completed form to your UT Benefits/HR Office.

APPLICANT INFORMATION

Employee's Name (Last, First, Middle)

Employee ID/Benefits ID (BID)

Employing UT Institution

Employment Date

Residence Zip Code _____ Employment Zip Code _____ **Have you recently moved?** No Yes - Date: _____

I request a zip code exception to have coverage under: DeltaCare Dental HMO* UT SELECT Medical (In area)

**If you are approved for coverage under the DHMO, it is your responsibility to select a Primary Family Dentist (PFD) or facility by contacting the DHMO carrier. If approved, the requested exception will be effective on the date noted below.*

Level of coverage currently selected: Employee Only Emp & Spouse Emp & Child(ren) Emp & Family

REQUIRED SIGNATURES

State Government Privacy Policy

With few exceptions, you are entitled to request and to receive and review under Sections 552.021 and 552.023 of the Texas Government Code (the Texas Public Information Act), information that UT System Administration or another UT System institution collects and retains about you. Under Section 559.004, you are entitled to have incorrect information that is retained about you corrected. You can obtain information about how to request access to such information at <http://www.utsystem.edu/ogc/openrecords/access.htm>.

Employee's Signature

Date

Institution Benefits/HR Representative

Date

NOTES:

OFFICIAL USE ONLY - OFFICE OF EMPLOYEE BENEFITS (OEB)

Approved - Effective Date: _____

Declined

OEB Benefits Representative's Signature

Date