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| utsa-wordmark-black-75x25 | **WAIVER OF**  **MEDICAL INSURANCE COVERAGE** | **EMPL ID** |  |

I understand that to be eligible to use Premium Sharing for my optional UT-sponsored insurance plans, I must provide documentation showing current (non-state-funded) medical insurance coverage. Therefore, I am attaching a copy of the documentation.

Examples of documentation include: 1) a copy of the front and back of medical ID card, 2) letter from other employer or insurance company indicating that you have current medical coverage, 3) military ID card, 4) Tri-care card

**I certify that I currently have:   
[check one]**

|  |  |
| --- | --- |
|  | a medical plan that is **NOT** state-funded\*. I choose to waive my UTSA medical coverage and have the allowable amount of Premium Sharing be applied to my optional UT-sponsored insurance plans.  I understand that if I am full-time appointed 100% or part-time appointed 75% or higher or UTSA retiree, I am eligible to receive up to ½ of the full time premium sharing.  I understand that if I am part-time appointed between 50% and 74%, I am eligible to receive up to ½ of the part-time premium sharing. |
|  | a medical plan that **is** state-funded\*. I choose to waive my UTSA medical coverage, however, I understand that I am **not** eligible to have the allowable amount of Premium Sharing applied to my optional insurance coverage. |
|  | no medical insurance coverage. If I choose to enroll in the optional UT-sponsored insurance plans, I understand that my salary will be reduced by the appropriate insurance premium. |

\*Note: The State of Texas provides premium-sharing dollars for medical insurance premiums for Texas public institutions of higher education (e.g. San Antonio College, Palo Alto College, St. Phillip’s College, Northwest Vista College), certain Texas Public School Districts, and Texas state agencies, which includes all University of Texas components.

For a complete list of state agencies, go to: <http://www.twc.state.tx.us/jobseekers/websites-texas-state-agencies-state-funded-institutions>

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|  |  |  |
| Member Signature |  | Print Name |
|  |  |  |
|  |  |  |
| Date Signed |  | Effective Date |