

TTUHSC Professional Liability Insurance Plan Enrollment Form

PLEASE TYPE

DATE _____

<u>ACTION REQUESTED</u> (Check One) <input type="checkbox"/> Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Resignation				
<u>PERSONAL INFORMATION</u>				
Last Name		First Name, Middle Name		Social Security Number
_____		_____		_____
<input type="checkbox"/> Male	<input type="checkbox"/> M.D.	THE FOLLOWING ARE MANDATORY: Texas License # _____ DPS _____ DEA # _____ Institutional Permit # _____		
<input type="checkbox"/> Female	<input type="checkbox"/> D.O.			
	<input type="checkbox"/> D.D.S			
<u>Fund</u>	<u>Organization</u>	<u>Program</u>	<u>Department</u>	<u>Sub-Specialty</u>
_____	_____	_____	_____	_____
<u>LOCATION:</u> <input type="checkbox"/> Amarillo <input type="checkbox"/> El Paso <input type="checkbox"/> Lubbock <input type="checkbox"/> Odessa <input type="checkbox"/> Prison/Health Care Systems				
<u>ENROLLMENT</u>		<u>CHANGE</u>		<u>RESIGNATION</u>
<input type="checkbox"/> Faculty <input type="checkbox"/> Resident/Fellow Effective Date _____ Risk Class _____		<input type="checkbox"/> Faculty <input type="checkbox"/> Resident/Fellow Effective Date _____ New Risk Class _____ New Department _____ <input type="checkbox"/> Check if New Account #		<input type="checkbox"/> Faculty <input type="checkbox"/> Resident/Fellow Effective Date _____
Signature of Insured: _____ Date _____				
Signature of Dept. Chair: _____ Date _____				
To Be Completed For PART-TIME Enrollment ONLY: <input type="checkbox"/> 50% of Premium Requested				
Approval (Dean) _____				
Approval (OGC) _____		Approval (Chancellor) _____		

INSTRUCTIONS FOR COMPLETION:

1. Please type or print form
2. All fields are mandatory and must be filled out!! Incomplete forms will be returned to the department and not processed.
3. All faculty physicians must submit a copy of their medical license or temporary license AND a copy of the most current Personnel Action Form (PAF) with the enrollment form. The changes are not effective until all necessary information is received and processed by Risk Management.
4. Please submit completed forms to: TTUHSC, Office of General Counsel, Professional Liability Division, 3601 4th Street, Mail Stop 6237, Lubbock, Texas 79430.

Reminder: The monthly departmental insurance report is required and should also be mailed to MS 6237

