TTUHSC Professional Liability Insurance Plan Enrollment Form

**PLEASE TYPE**

<table>
<thead>
<tr>
<th>ACTION REQUESTED</th>
<th>Enrollment</th>
<th>Change</th>
<th>Resignation</th>
</tr>
</thead>
</table>

**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name, Middle Name</th>
<th>Social Security Number</th>
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<tbody>
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- **Gender**
  - Male
  - Female

- **License**
  - M.D.
  - D.O.
  - D.D.S

- **THE FOLLOWING ARE MANDATORY:**
  - Texas License #
  - DPS
  - DEA #
  - Institutional Permit #

<table>
<thead>
<tr>
<th>Fund</th>
<th>Organization</th>
<th>Program</th>
<th>Department</th>
<th>Sub-Specialty</th>
</tr>
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<tbody>
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- **LOCATION:**
  - Amarillo
  - El Paso
  - Lubbock
  - Odessa
  - Prison/Health Care Systems

**ENROLLMENT**

- **Faculty**
- **Resident/Fellow**

- **Effective Date** ______________
- **Risk Class** ______________

**CHANGE**

- **Faculty**
- **Resident/Fellow**

- **Effective Date** ______________
- **New Risk Class** ______________
- **New Department** ______________
- **Check if New Account #**

**RESIGNATION**

- **Faculty**
- **Resident/Fellow**

- **Effective Date** ______________

**Signature of Insured:** ___________________________ **Date** ______________

**Signature of Dept. Chair:** ___________________________ **Date** ______________

To Be Completed For PART-TIME Enrollment ONLY: □ 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