



# Texas Tech University

## 2011-2012 - FALL INTERNATIONAL WAIVER

Texas Tech University (TTU) requires that all nonimmigrant Texas Tech University students maintain health insurance coverage as a condition of enrollment.

1. The premium for the Student Insurance Plan will be included with tuition and fees for all nonimmigrant Texas Tech University students.
2. The insurance premium will be waived for nonimmigrant students sponsored by the United States Government, a foreign government recognized by the United States of America, or certain international, government sponsored or non-governmental organizations. Waivers will be based on the government or organization guaranteeing payment of all health care expenses including medical evacuation and repatriation. Documentation of guarantee must be presented to the TTU Office of International Affairs prior to registration.
3. The insurance premium will be waived for students who provide documented evidence of health insurance coverage, including medical evacuation and repatriation, by an employer. Nonimmigrant students employed by TTU and eligible for both employer provided insurance and international student health insurance may select between the two, as long as the insurance selected includes medical evacuation and repatriation coverage. Documentation of health insurance coverage must be presented to TTU Office of International Affairs prior to registration.

Note: Medical evacuation and repatriation insurance may be purchased from Academic HealthPlans to supplement employer provided health insurance.

### Please Print:

<b>Student's Name</b>	First	Middle Initial	Last	
<b>Mailing Address</b>	Street or P.O. Box	City	State	Zip Code
<b>Cell/Daytime Phone</b> ( )	—	<b>Evening Phone</b> ( )	—	
<b>E-mail Address</b>			<b>Student ID #</b>	
<b>Preferred Method of Communication</b>				
<b>Mailing Address</b>	<b>Home Phone Number</b>	<b>Cell Phone Number</b>	<b>E-mail Address</b>	

Indicate below the type of insurance you have and attach the necessary documents in order for your waiver form to be considered. This waiver form will not be accepted for consideration without all necessary documents attached.

### TYPE OF INSURANCE: (CHECK ONE):

#### TTUU EMPLOYEE INSURANCE

Name of Employing Department

Necessary Documents

- Front and back copy of insurance card with your name.
- Certificate of Coverage verifying coverage: **August 01, 2011 through July 31, 2012**
- Documentation of medical evacuation and repatriation coverage.

NOTE: If employer insurance has a "waiting period", you must purchase short term health insurance from Academic HealthPlans.

#### COVERAGE PROVIDED BY OTHER EMPLOYER

Name of medical insurance policyholder

Your relationship to the policyholder

Name of company for whom policyholder works

Name of Insurance Company

Necessary Documents

- Front and back copy of insurance card with your name.
- Certificate of Coverage verifying coverage: **August 01, 2011 through July 31, 2012**
- Current Insurance Plan Coverage. This will be used to confirm that your insurance plan provides required coverage. This document should be included in your policy information. Please provide this document in English.
- Documentation of medical evacuation and repatriation coverage.

NOTE: If employer insurance has a "waiting period", you must purchase short term health insurance from Academic HealthPlans.

**TYPE OF INSURANCE (Continued):****SPONSORSHIP THROUGH AN EMBASSY**

Necessary Documents

- Document of sponsorship
- Certificate of Coverage verifying coverage: **August 01, 2011 through July 31, 2012**
- Current Insurance Plan Coverage. This will be used to confirm that your insurance plan provides required coverage. This document should be included in your policy information. Please provide this document in English.

I request a waiver of participation in the Texas Tech University Student Insurance Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at TTU and that TTU will not be responsible for any medical expenses I may incur. By signing this form, I attest that the information provided about my insurance coverage is true and correct. I also understand that I must maintain insurance coverage throughout the entire year for which I have been granted a waiver. If I fail to maintain the insurance coverage presented with this form, I understand that I may lose my ability to be granted a waiver in the future.

I understand this request is subject to TTU approval. If this request is denied, I understand that my student account will be billed for Student Insurance charges. I also understand that if my waiver is approved and my current insurance plan does not include Medical Evacuation and Repatriation benefits, Texas Tech University will require me to purchase supplemental medical evacuation and repatriation insurance.

Student Signature

Date

**PLEASE NOTE: Information contained in this waiver is kept confidential and is used only for its intended purpose.****Forward the completed form with supporting documentation attached to:**

Texas Tech University  
Office of International Affairs  
110 International Cultural Center  
601 Indiana Avenue  
Lubbock, TX 79409

**Note:** If waiver is approved, the appropriate waiver code will be entered in the student's account and the charge for the health insurance will be removed. If waiver is not approved, the student will be notified.

**Office Use Only:**Waiver requested is:  Approved  Denied Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_

Reason for Denial: \_\_\_\_\_