

Texas Tech University 2011 Summer 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 can be purchased to supplement employer provided health insurance from Academic HealthPlans. See enrollment form attached.

<i>Please print</i>			
Student Name: _____		SID #: _____	
Mailing Address: _____			
		City	State
Zip Code			
Daytime Phone #: () _____		Evening Phone #: () _____	
E-mail Address: _____			

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)

TTU EMPLOYEE INSURANCE

- Name of Employing Department: _____
 - Necessary Documents:
 - Copy of your insurance card,
 - Certificate of Coverage verifying coverage: **May 16, 2011 – August 15, 2011**
 - 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. See enrollment form attached.

COVERAGE PROVIDED BY OTHER EMPLOYER

- Name of medical insurance policy holder: _____
 - Your relationship to the policy holder: _____
 - Name of company for whom policy holder works: _____
 - Name of Insurance Company: _____
 - Necessary Documents:
 - Front and back copy of insurance card with your name
 - Certificate of Coverage verifying coverage: **May 16, 2011 – August 15, 2011**
 - “Insurance Coverage.” This will be used to confirm 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. See enrollment form attached.

SPONSORSHIP THROUGH AN EMBASSY

- Necessary Documents:
 - Documentation of sponsorship.
 - Certificate of Coverage verifying coverage: **May 16, 2011 – August 15, 2011**
 - “Insurance Coverage” This will be used to confirm your insurance plan provides required coverage. This document should be included in your policy information. Please provide this document in English.

**Texas Tech University
2011 Summer Waiver**

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: 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.

Waiver requested is: ____ Approved ____ Denied Date: ____/____/____ Initials _____

Reason for Denied: _____
