Clear Form

INSURANCE WAIVER

U.S. Employment Insurance – High Deductible Plan

Upload this completed form at world.utexas.edu/isss/insurance/upload. If unable to upload, you may also submit your form in person at the International Office. **Late waiver forms are not accepted and medical evacuation/repatriation cannot be waived.** Plans must meet the following minimum coverage requirements:

1. Deductible cannot exceed $500.00
2. Coinsurance cannot exceed 25%

****Note that we will accept waivers for plans with deductibles higher than $500 only if the policy otherwise meets the U.T. System Requirements. In addition, students will need to submit a signed Employer High Deductible Exemption Acknowledgement Form (p. 2 of this application form).****

	Annual Waiver*	Fall Waiver*	Spring/Summer Waiver	Summer Waiver‡
Waiver Coverage Dates	09/01/2019 to 08/31/2020	09/01/2019 to 12/31/2019	01/01/2020 to 08/31/2020	06/01/2020 to 08/31/2020
Deadline to Submit Waiver:	09/12/2019 **5:00pm**	09/12/2019 **5:00pm**	02/04/2020 **5:00pm**	06/03/2020 **5:00pm**

* New Fall students: To waive August supplemental insurance, coverage must be effective from 08/01/2019.
‡ New Summer students: To waive May supplemental insurance, coverage must be effective from 5/1/2020.

Part I: Required Documentation

1. Health Insurance ID Card (**front & back**)
2. Summary of Benefits & Coverage (SBC). Note: Your SBC can be obtained from your insurance company, often on their website or in your online account with the company.
3. Employer High Deductible Exemption Acknowledgement Form.

Part II: Completed By Student

Name: _____ EID: _____

Email: _____ Phone: _____

Name of Employer: _____

Name of Insurance Provider: _____

For which period are you requesting this waiver? *Check one. See chart above for minimum coverage dates.*

☐ Annual (Fall/Spring/Summer) ☐ Fall ☐ Spring/Summer ☐ Summer

Beginning Date of Coverage: _____

Does the plan renew automatically? ☐ Yes ☐ No If not, the end date of coverage is: _____

Do you have an expected end date of the employment associated with this insurance plan? ☐ Yes ☐ No

If yes, the expected end date is: _____

I hold this coverage through:

☐ My own U.S. employment ☐ My spouse or parent's U.S. employment

By signing this form, I acknowledge that my U.S. insurance plan is compliant with the Patient Protection and Affordable Care Act. I understand that I must inform ISSS **immediately** should I no longer be covered by the above insurance plan. I also give ISSS permission to forward my insurance information to UT Austin University Health Services (UHS) in order to facilitate billing of services provided by UHS.

Signature: _____ Date: _____

Employer High Deductible Exemption
Acknowledgement Form

Academic Year 2019-2020

Per The University of Texas System Policy UTS186 Section 3.1 (a) (4) an alternate insurance plan for international students, used to waive out of The University of Texas System Student Health Insurance Plan, may not have a deductible that exceeds $500. Health insurance policies that have a deductible more than $500 per person, per year must meet all other U.T. System requirements.

If you have a U.S. employer health insurance plan that exceeds the $500 deductible limit, you must complete this form and submit with your waiver request.

Name: _____ EID: _____

1. I understand that The University of Texas offers a student health plan that would cost $2,694 for the entire school year with only a $500 deductible.

   Check the box and enter your initials. ☐ _____

2. My U.S. employer plan has a deductible of _____ per person, per year. I acknowledge that I have the necessary resources to pay the deductible should the need arise.

   Check the box and enter your initials. ☐ _____

3. I have access to a Health Savings Account (HSA).

   Check the box and enter your initials. ☐ _____

4. My U.S. employer plan has a coinsurance of _____%. This is less than or equal to the 25% coinsurance provided under The University of Texas health insurance plan.

   Check the box and enter your initials. ☐ _____

5. My U.S. employer plan is compliant with the Patient Protection and Affordable Care Act (PPACA).

   Check the box and enter your initials. ☐ _____

6. I understand there is a chance my plan may not be accepted at University Health Services.

   Check the box and enter your initials. ☐ _____

By signing this form, I acknowledge that all of the above information is true and correct.

Signature: _____ Date: _____

International Student & Scholar Services
(512) 471-2477
https://world.utexas.edu/isss

The University of Texas at Austin
International Office