

UTC HEALTH INSURANCE WAIVER REQUEST FORM FOR INTERNATIONAL STUDENTS

Please **TYPE** this form. We do NOT accept the hand-written form.

The proof of insurance and payment of the insurance plan must be attached to this waiver.

Type the required fields and e-mail this form to **international@utc.edu**.

1. Your Information

Family Name	First Name	UTC ID#
Email	@	Date of Birth (MM/DD/YYYY)

2. Check the box below if your insurance cover the listed item below.

TO BE ELIGIBLE FOR A WAIVER, YOU MUST SUBMIT PROOF OF INSURANCE MEETING ALL OF THE FOLLOWING CHECKLIST REQUIREMENTS.

1. Unlimited medical coverage (MUST include preventive AND emergency care)
2. Coverage for pregnancy cannot be excluded
3. Deductible not to exceed \$500 per accident/illness
4. Repatriation coverage of at least \$20,000
5. Medical evacuation coverage of at least \$50,000
6. A waiting period for pre-existing conditions of less than 13 months
7. Requires student to pay less than 25% per accident/illness
8. A.M. Best Rating of "A-" or better or Standard & Poors Rating of "A+" or better
9. All information MUST be provided in English and US Dollars
10. Coverage period is dated as required

3. Your insurance Information

- (1) I have attached the proof of insurance and payment of insurance plan are attached to this waiver request. (Yes/No)
- (2) Insurance Company Name
- (3) Coverage starts on (MM/DD/YYYY)
- (4) Coverage ends on (MM/DD/YYYY)

4. I have read, understand and agree the 7 items below.

1. I have compared the UTC insurance policy with this policy and understand the differences between the two policies.
2. I understand that these are mandatory coverage periods in which continuous insurance coverage MUST be maintained.
3. I have attached proof of insurance (e.g. a copy of your insurance card) as well as a copy of my insurance policy/brochure to this form.
4. I agree to purchase and maintain insurance throughout the school year and understands all non-immigrant international students must have uninterrupted insurance while at The University of Tennessee at Chattanooga
5. I understand that the university does not provide informational or claims assistance for any insurance other than the UTC sponsored student health insurance.
6. I understand that UTC's approvals of this waiver is not an endorsement of the alternate insurance policy.
7. I understand that **WAIVERS ARE APPROVED ON A SEMESTER-BY-SEMESTER BASIS AND MAY BE DENIED IN THE FUTURE.**

Signature of a student requesting this waiver

Date (MM/DD/YYYY)

Received by UTC International Office Staff

Date (MM/DD/YYYY)

This waiver request was approved by

Date (MM/DD/YYYY)

- Type the required fields and e-mail this form to **international@utc.edu**.
- The International office will e-mail you back when we receive this form and all other required documents within 72 hours. You must contact us if you have not received the confirmation e-mail.