



U.S. Employer’s Insurance Plan Coverage – Waiver Request

Request for Waiver from Enrollment in UT Austin’s Student Medical Insurance Plan
[Insurance will be waived. Medical Evacuation/Repatriation Insurance will still be applied]

NAME: _____

EID: _____

Complete this box if you hold UT Select Health Insurance

I am currently insured through UT Select due to my parent/spouse’s current employment with UT Austin and this policy provides medical benefits of at least \$50,000 per accident/illness and the deductible does not exceed \$500 per accident/illness. **I have attached my parent/spouse’s benefits summary that lists me as a dependent of the insurance policy** (download from: <<https://utdirect.utexas.edu/pnben/index.WBX>>). **I understand that if insurance is based on a graduate student appointment, my student health insurance will be waived for the current semester only.** I understand that I must inform ISSS if I am no longer covered by my parent/spouse’s insurance plan and will be required to purchase the UT student health insurance plan.

UT Position held by parent/spouse: _____

Signature

Date

Complete this box if you hold health insurance from your U.S. employer

I am currently employed and have health insurance coverage through my United States employer and this policy provides medical benefits of at least \$50,000 per accident/illness and the deductible does not exceed \$500 per accident/illness. **I have attached my current health insurance card and I understand that my student health insurance will be waived for all semesters of the current academic year.** I understand that I must inform ISSS if I am no longer covered by my insurance plan and will be required to purchase the UT student health insurance plan.

Employer: _____

Signature

Date

Complete this box if you hold health insurance from your parent/spouse’s U.S. employer

I am currently insured through an insurance plan that is held due to my parent/spouse’s current employment with a United States employer and this policy provides medical benefits of at least \$50,000 per accident/illness and the deductible does not exceed \$500 per accident/illness. **I have attached my current health insurance card and I understand that my student health insurance will be waived for all semesters of the current academic year.** I understand that I must inform ISSS if I am no longer covered by my parent/spouse’s insurance plan and will be required to purchase the UT student health insurance plan.

Employer: _____

Signature

Date