

Request for International Reciprocal Exchange Student Insurance Waiver

Submit the waiver form by the deadline: Wednesday, February 3, 2010

Name: _____ UT EID: _____

Complete and circle for semester(s) waiver requested: Fall 20____ Spring 20____ Summer 20____

Insurance company name: _____

Policy Number: _____

Dates policy is valid*: _____ to _____

*Students participating in a fall only exchange program must have insurance coverage in effect from **the date of arrival (and at least from August 25) - December 31**. Students participating in a spring only exchange program must have insurance coverage in effect from **the date of arrival (and at least from January 15) - May 31**. Students participating in a fall-spring exchange program must have insurance coverage in effect from **the date of arrival (and at least from August 25) - May 31**.

If your policy meets or exceeds the following required coverage in US Dollars, please fill in the right hand side of the chart:

Required coverage in US Dollars	Coverage provided through the above listed policy (please complete missing parts)
\$50,000 or more Major Medical Coverage Benefit per illness or accident	
\$500 or less Deductible per year <i>(Deductible is amount policyholder pays before insurance company pays)</i>	
\$7,500 minimum Repatriation of Remains benefit	
\$10,000 minimum Medical Evacuation benefit	

Part II (To be completed by Student's Insurance Provider)

The above named student is covered by medical insurance for the dates provide and meets the above minimum requirements.

Insurance Representative (printed): _____

Signature of Insurance Representative: _____

please note that we don't accept digital signatures

Address: _____

Phone Number: _____ Date: _____