**UNIVERSITY OF TENNESSEE**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ID #: 000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@vols.utk.edu

FALL / SPRING (CIRCLE ONE) YEAR: \_\_\_\_\_\_\_\_\_\_\_

**STUDENT HEALTH CENTER**

1800 Volunteer Blvd

Knoxville, TN 37916

***Health Insurance Fee Waiver Request***

**INTERNATIONAL GRADUATE STUDENTS WITH AN ASSISTANTSHIP**

All GA/GRA/GTAs employed with at least a 25% appointment are eligible for the university sponsored health insurance. This form **MUST** be completed each semester.

**PLEASE READ AND INITIAL EACH FOLLOWING STATEMENTS:**

* \_\_\_I am an employed GA/GRA/GTA with at least a 25% appointment rate
* \_\_\_Cost of insurance is paid by the department **ONLY** for the months I maintain the minimal %
* \_\_\_I will be responsible for charges during the months I fall below the minimal %
* \_\_\_Status change from/to international student and GA/GRA/GTA changes with employment
* \_\_\_I understand I will be enrolled as a GA/GRA/GTA **ONLY** when I am confirmed in the payroll system
* \_\_\_Insurance charge **WILL NOT BE REMOVED** from student account until the tuition waiver is processed
* \_\_\_Coverage dates: August 1 through July 31 (see below)\*

\*I understand all international students MUST have uninterrupted insurance coverage for each academic year from August 1 – July 31 while at the University of Tennessee; failure to have uninterrupted coverage could be a violation of immigration status. I understand that if I lose my assistantship at any time, I will be automatically enrolled with an international status and the cost will be added to my student account. \_\_\_\_\_\_(initial here)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STUDENT SIGNATURE) (DATE) (NAME OF EMPLOYING DEPARTMENT)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET) (APARTMENT NUMBER)

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

PLACE UTK ID HERE TO COPY

PHONE NUMBER: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_ POSITION: GA / GRA / GTA

(MM/DD/YYYY)

EXPECTED GRADUATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------- STUDENT HEALTH SERVICE USE ONLY ----------------------**

FEE REMOVED: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

AMOUNT REMOVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT CHARGED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER ENTERED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(EFF 3/14/18)