**UNIVERSITY**

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

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

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

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

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

**OF TENNESSEE**

**HEALTH INSURANCE FEE WAIVER**

**UTK Student Health Center**

1800 Volunteer Blvd

Knoxville, TN 37916

Email: gradinsurancewaiver@utk.edu

**INTERNATIONAL GRADUTE STUDENTS WITH AN ASSISTANTSHIP**

**I UNDERSTAND AND ACKNOWLEDGE (PLEASE READ AND INITIAL EACH STATEMENT):**

* \_\_\_I am a GA/GRA/GTA with at least a **25%** (quarter time) appointment rate
* \_\_\_If I fail to maintain the minimal **25%** appointment for my department, I will be charged for insurance
* \_\_\_If I lose my assistantship, I will be charged for insurance; my department only pays while I am employed
* \_\_\_The cost of insurance is paid by the department **ONLY** for the months I maintain the minimal 25%
* \_\_\_My status change from/to international student and GA/GRA/GTA changes with employment
* \_\_\_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 my tuition waiver is processed
* \_\_\_The insurance charge **MAY NOT BE REMOVED** from my account before August 31 (Fall) January 31 (Spring)
* \_\_\_I must remain covered by insurance from **August 1 through July 31 (see below)\***
* \_\_\_If I enter an **OPT/CPT** program (before or after graduation), I will contact the Student Health Center immediately
* \_\_\_If there is a change in my visa/citizenship status, I must contact the Insurance Supervisor at Student Health

\*As an international student, I know I MUST have uninterrupted insurance coverage each academic year from August 1 – July 31 while at the University of Tennessee; failure to have uninterrupted coverage could be a violation of my visa status. If I graduate or lose my assistantship at any time, I will be automatically enrolled with an international status and charges will be added to my student account for the months I am not employed between August 1 and July 31. In this event, I agree to pay these charges. \_\_\_\_\_\_(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I understand there is a separate fee added to my account each semester: The UT Programs & Services Health Fee. I need to pay this fee to access the on campus UT Student Health Center **AND** to qualify for “student pricing” at the off campus UT Medical Center ER. This fee is automatically added to MyUTK account if I’m enrolled in 9+ hours, but if I enroll is less than 9 hours, I need to come to the UT Student Health Center downstairs FRONT DESK (not the insurance office) to inquire how this fee added to MyUTK account. \_\_\_\_(initial here)

\*I understand that if am treated at the UT Medical Center on Alcoa Highway, I will be billed for some of their services after the claims are processed by the insurance company since I am responsible for my deductible, co-payments, and co-insurance. \_\_\_\_(initial here)

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

FEE REMOVED: **FALL:** AUG SEP OCT NOV DEC \*\* **SPRING:** JAN FEB MAR APR MAY JUN JUL

AMOUNT REMOVED:\_\_\_\_\_\_\_\_ AMOUNT CHARGED:\_\_\_\_\_\_\_\_ WAIVER ENTERED BY (INITIALS):\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(EFF 8/1/18)