****

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

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

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

**DATE OF BIRTH (**mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

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

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEMESTER: FALL / SPRING YEAR**: \_\_\_\_\_\_\_\_\_\_\_

 **(CIRCLE ONE)**

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

**HEALTH INSURANCE FEE WAIVER**

**INTERNATIONAL GA/GRA/GTAS**

**UTK Student Health Center**

1800 Volunteer Blvd

Knoxville, TN 37916

**Email waiver to:** gradinsurancewaiver@utk.edu

(do not send regular correspondence to this email)

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

\_\_\_I must maintain the minimal **25%** appointment for my department to cover the cost of the insurance

\_\_\_If I am dismissed from (or leave) my assistantship, I will be charged for insurance

\_\_\_The cost of insurance is paid by the department **ONLY** for the months I maintain the minimal 25%

\_\_\_I will be enrolled as an international student and charged for insurance **BEFORE** I am confirmed in payroll

\_\_\_I will be enrolled as a GA/GRA/GTA **AFTER** I am confirmed in the payroll system

\_\_\_The insurance charge will not be removed from student account until **AFTER** tuition waiver is processed

\_\_\_The insurance charge **MAY NOT BE REMOVED** from my account before **August 31 (Fall) or January 31 (Spring)**

\_\_\_I must remain insured for the full academic year: August 1 through July 31 (see below)\* and may be required to pay for it

\_\_\_If I **GRADUATE**, I need to contact the Student Health Center since I may be responsible for insurance charges

\_\_\_If I enter **OPT/CPT**, I need to contact the Student Health Center since I may be required to complete a waiver

\_\_\_If my **VISA/CITIZENSHIP** status changes, I must contact the Student Health Center immediately

\_\_\_If am treated at the UT Medical Center, I will be billed for services because copays, deductible, and coinsurance apply

\_\_\_The **PER SEMESTER** UT Programs & Services Health Fee\*\* and how it is assessed (automatic if enrolled in 9+ credit hours)

\*\*This fee **MUST** be paid to access the on campus UT SHC **AND** to qualify for “student pricing” at the UT Medical Center ER

\*\*If my class enrollment falls below 9 credit hours, I need to ask how to add this charge to MyUTK account

**\*GRADUATING? OPT/CPT? VISA/CITIZENSHIP CHANGE?**

It is imperative that you contact the Student Health Center as soon as this information become available.

* As an international student, you MUST have uninterrupted insurance coverage each academic year from August 1 – July 31
* Failure to have uninterrupted coverage could be a violation of visa status.
* If you graduate or lose your assistantship at any time, you will be automatically enrolled with an international status and charges will be added to your student account for the months you are not employed between August 1 and July 31.

**I agree to pay charges for insurance if they are added to MyUTK account\_\_\_\_\_\_(initial here)**

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

PLACE STUDENT ID HERE

PHOTO SIDE UP

BEFORE SCANNING/COPYING

(STUDENT SIGNATURE) (DATE)

STREET

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

APARTMENT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\*Please be sure to update this information in the payroll system

**------------------- DO NOT WRITE BELOW - STUDENT HEALTH SERVICE USE ONLY --------------**

FEE REMOVED FOR **FALL:** AUG SEP OCT NOV DEC

**SPRING:** JAN FEB MAR APR MAY JUN JUL

NOTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT REMOVED:\_\_\_\_\_\_\_ AMOUNT CHARGED:\_\_\_\_\_\_\_ WAIVER ENTERED BY:\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_

EFF 8/1/19