UNT STUDENT HEALTH INSURANCE WAIVER REQUEST FORM

PRINT IN BLOCK LETTERS: Write clearly.				
NAME: Family/Last name	Given name	Middle Name		
DATE OF BIRTH:				
STATUS () IELI () Bachelor	() 2 nd Bachelor () Masters ()) Doctorate()Other		
UNT ID# [_ _	<u> </u> PHONE: ()		
CURRENT VISA TYPE: F-1() J-1()H-1()Other- specify type				
EMAIL ADDRESS =				

TYPE 1

FILL IN THE BLANKS BELOW WITH INFORMATION ABOUT YOUR INSURANCE:

Beginning date:	Ending date:
Amount of coverage per accident/illnes Amount of medical evacuation coverage Amount of repatriation coverage in US Amount of deductible in US \$: Policy written in English () YES	e in US \$: (\$Unlimited)

HIGHLIGHT the above pieces of information on your insurance documentation and proof of payment. Attach documents to this form.

I understand that by waiving out of the UNT sponsored insurance plan, I am responsible for paying all charges incurred at the SHWC at the time of service and for filing my own insurance claims.

Signature of student requesting waiver		Date	Date	
OFFICE USE ONL	Y: Date received:			
Waiver date(s)	NOTES:			
07.06.12				