UT Southwestern Medical Center

Waiver of Health Insurance Coverage

CERTIFICATION OF HEALTH INSURANCE COVERAGE OUTSIDE UT SOUTHWESTERN

	ge. My signature below certifies I have current group parable in coverage to the UT plan I am waiving. I am ealth insurance* before my request will be processed.
Last Name (Please Print) Employee ID # or Benefit ID Number	Name (Please Print) Work Phone
*Acceptable proof of outside health coverage includes:	
(1) Letter from employer indicating names of individuals covered on medical plan, confirmation that coverage is presently active, along with a valid copy of the health plan card showing coverage levels and plan type; or	
reflecting names of covered individuals, coverage levels also provide supporting documentation verifying your certificate).	ace deduction along with a valid copy of the health plan card and plan type. If you are not the primary insured, you must r relationship (i.e., copy of marriage license, copy of birth d current coverage verification is not acceptable proof of
APPLYING PREMIUM SHARING TO OPTIONAL COVERAGE	
	and I am entitled to utilize \$283.48 (if full-time, 40 hours rs per week) in premium sharing toward the following
 UT Select Dental, UT Select Dental Plus, and Del Superior Vision, Superior Vision Plus Regular Accidental Death and Dismemberment - I 	
NOTE : The premium deduction associated with the faculty life a Standard Insurance Company are post-tax. Premium sharing dol faculty supplemental plans.	and accidental death and dismemberment coverage through The
SIGNATURE	DATE