

UT Southwestern Medical Center
Waiver of Medical Insurance Coverage

CERTIFICATION OF MEDICAL INSURANCE COVERAGE OUTSIDE UT SOUTHWESTERN

I have elected to waive my medical insurance coverage. My signature below certifies I have current group medical insurance with an outside provider that is comparable in coverage to the UT plan I am waiving. I am aware I must provide proof of active outside group medical insurance* before my request will be processed.

Last Name (Please Print)

Name (Please Print)

Employee ID # or Benefit ID Number

Work Phone

Name of Medical Insurance Plan/Provider

Effective Date of Medical Insurance Coverage

***Acceptable proof of outside medical 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 medical plan card showing coverage levels and plan type; or
- (2) Most recent payroll check stub showing medical insurance deduction along with a valid copy of the medical plan card reflecting names of covered individuals, coverage levels and plan type. If you are not the primary insured, you must also provide supporting documentation verifying your relationship (i.e., copy of marriage license, copy of birth certificate).

A copy of an insurance card without effective date and current coverage verification is not acceptable proof of active group medical insurance coverage.

APPLYING PREMIUM SHARING TO OPTIONAL COVERAGE

When waiving medical insurance coverage, I understand I am entitled to utilize \$299.07 (if full-time, 40 hours per week) or \$149.54 (if part-time, less than 40 hours per week) in premium sharing toward the following optional coverage for Employee and Dependent(s):

- ◆ UT Select Dental, UT Select Dental Plus, and DeltaCare USA Dental HMO
- ◆ Superior Vision, Superior Vision Plus
- ◆ Voluntary Accidental Death and Dismemberment

SIGNATURE

DATE