

2019-2020 Waiver Appeal Request

Acknowledgement of Financial Responsibility



Name	
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For your safety, UK requires qualifying health coverage for all international students. Exceptions will be considered for students with extraordinary circumstances.

Choose one:

I am a BCTC student enrolled in a UK course **and** I have met BCTC's requirement for health coverage.

Must attach:

- Documentation of fulfillment of BCTC's health coverage requirement
- Evidence of timely UK student health plan waiver attempt

My timely waiver attempt *with otherwise qualifying coverage* was denied only because I do not have medical evacuation and/or repatriation coverage **and** my family resides in the United States.

Must attach:

- Documentation of alternate qualifying health coverage: ID card **and** document from company including your name and coverage dates
- Evidence of timely UK student health plan waiver attempt
- Documentation of family's address in the United States: such as a copy of an ID card showing US address

I am attending UK for no more than one semester under a cooperative agreement **and** I am covered under mandatory student health coverage from another US college or university. *I understand that I will NOT be granted a waiver appeal for similar circumstances in future semesters.*

Must attach:

- Documentation of alternate student health coverage: ID card **and** document from company including your name and coverage dates
- Evidence of timely UK health plan waiver attempt
- Contact information of official who can verify the terms of the cooperative agreement

I am attending UK for less than one semester **and** I have other health coverage for the duration of my stay in US (note: travel plans may be accepted in these circumstances). *I understand that I will NOT be granted a waiver appeal for similar circumstances in future semesters.*

Must attach:

- Documentation of alternate student health coverage: ID card **and** document from company including your name and coverage dates
- Evidence of timely UK health plan waiver attempt
- Contact information for UK official who can verify the length of your stay: such as your UK advisor

I am enrolled in six (6) or fewer credit hours **and** I have other health coverage (note: travel plans may be accepted in these circumstances), **and** I have the following visa type (Choose one):

- | | |
|---|---|
| <input type="checkbox"/> J-1 Au Pair | <input type="checkbox"/> J-1 Physician |
| <input type="checkbox"/> J-1 Camp counselor | <input type="checkbox"/> J-1 summer/work and travel |
| <input type="checkbox"/> J-1 Intern (note: a J-1 Intern Student does not qualify for a waiver appeal) | <input type="checkbox"/> J-1 Teacher |
| <input type="checkbox"/> J-1 International Visitor | <input type="checkbox"/> J-1 Trainee |

Must attach:

- Documentation of alternate student health coverage: ID card **and** document from company including your name and coverage dates
- Documentation of current qualifying visa type



Name	
UK ID	
Email	
Phone	

Choose one:

- I am requesting a Fall 2019 Waiver Appeal (August 15, 2019 – December 31, 2019)
- I am requesting a Spring/Summer 2019 Waiver Appeal (January 1, 2019 – August 14, 2019)

Waiver Appeal Agreement

Your signature confirms the selections above and the following:

- I understand that I am fully responsible for my medical expenses during the time of any granted waiver appeal.
- If a waiver appeal is approved, I am cancelling my eligibility for the UK Student Health Plan for the period. I will not be permitted to enroll in SHP during that period.
- I understand that if I have any SHP medical or pharmacy claims during the period for which I am applying, a waiver appeal cannot be granted.

Signature

Date

This completed and signed form and requested documentation must be received by the following deadline:

Deadline for Fall 2019: October 22, 2019

Deadline for Spring/Summer 2020: March 22, 2020

Return completed form to the UK SHP Office:

Fax: 859-323-5852

Email: studenthealthplan@uky.edu

Mail: UK SHP Office, University of Kentucky, 1080 Export St., Suite 280, Lexington, KY 40504

Processing: What happens next?

Because each waiver appeal request must be individually researched by UK and the health coverage carrier, please allow 10-14 days for processing. The SHP charge will not be removed unless and until the application has been approved. A completed form does not guarantee approval. You will be notified by email about your approved or denied status.

SHP Office use only:

Approved _____ Denied _____ Date Reviewed: _____ Initials _____