

2019-2020 Waiver Appeal Request

UK SHP Out of Country Form



Name	
UK ID	
Email	
Phone	

For your safety, UK requires qualifying health coverage for all international students. In rare circumstances, exceptions will be considered for students who will be out of the United States. Approved waiver appeals are active for one semester. If the student will remain out of the US for additional semesters, they must seek a waiver appeal each semester.

Choose one ONLY (a separate request must be submitted for each semester):

- 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, 2020 – August 14, 2020)

Choose one:

- I will not spend any time in the US during the period chosen above.
 - **Country where I will be located:** _____
 - **Name of faculty member that can confirm out of country status:** _____
- I will spend a maximum of eight (8) weeks in the US to defend my dissertation **and** I have other health coverage for the duration of my stay in US (note: travel plans may be accepted in these circumstances).
 - **Date of dissertation defense:** _____
 - **Name of faculty member that can confirm your status:** _____

Must attach:

- Documentation of alternate health coverage: ID card **and** document from company including your name and coverage dates
- Travel documents showing entrance and exit dates: such as proof of airline ticket purchase

- My attempt to waive UK SHP *with otherwise qualifying coverage* was denied only because my alternate coverage will end when I exit the US **and** I have access to medical care for the remaining duration of the period.

Must attach:

- Evidence of a timely attempt to waive UK SHP
- Documentation of alternate US health coverage: ID card **and** document from company including your name and coverage dates
- Documentation of access to medical care after exiting the US: such as ID card **and** document from company including your name and coverage dates
- Travel documents showing US exit date: such as proof of airline ticket purchase



Name	
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Waiver Appeal Agreement

Your signature confirms the selections above and the following:

- I will not be in the United States at any time during the coverage period selected above.
- 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, Kentucky 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 business 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 _____