



**LMU-DCOM  
DENTAL HARD WAIVER REQUEST  
2012-2013 School Year**

**1st Year Student (Class of 2016) Deadline for Approvals: July 13, 2012**

To: Sandy Wright Phone #: 865-531-9898  
 Fax: 865-531-2290 Email: [lmuhardwaiver@trinityben.com](mailto:lmuhardwaiver@trinityben.com)  
 Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_  
 Coverage Start Date: \_\_\_\_\_  
 Coverage End Date: \_\_\_\_\_ (specify date will lose eligibility)

I confirm that my dental coverage meets the following criteria and I have attached the required documents (proof of active status and summary of benefits) providing comparable proof of coverage:

- Proof from carrier that coverage is active (i.e. letter with date April 1, 2012 or later)
- Deductible \$100 or less per individual
- Calendar Year Maximum of at least \$1,000
- Co-insurance of at least 80%/60%/\$50% or Fee Schedule

I am electing to waive enrollment in the LMU-DCOM student dental insurance plan because I will be maintaining the attached coverage meeting all the school requirements listed above. **I understand that my petition to waive enrollment must be approved and the approval must be received by the waiver deadline date** or I will be automatically enrolled. Documentation submitted after July 13<sup>th</sup> but no later than August 15<sup>th</sup> will be reviewed over the 1<sup>st</sup> few weeks of the semester. Charges will be reversed for those students granted waivers; however, no refunds will be made for 30 days after registration. I also understand that if my hard waiver is approved and I seek dental treatment, I will be responsible to pay any co-pays, deductible, and co-insurance.

\_\_\_\_\_  
 Student Signature Date

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**Request:                      Approved                      Denied                      Forwarded to Committee**

**Explanation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Committee Rep Signature Date

**We prefer you email or fax your documentation. If documents require mailing, sent to: Sandy Wright, Trinity Benefit Advisors, 4823 Old Kingston Pike Suite 205, Knoxville, TN 37919.**