



**LMU-DCOM
MEDICAL 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
 Student Name: _____ DOB: _____
 Phone #: _____ Email: _____

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

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

- Proof from carrier that coverage is active (i.e. letter with date April 1, 2012 or later)
- Deductible \$2,500 or less per individual*
- Calendar Year Maximum of at least \$500,000
- Co-insurance 70% in-network and 50% out-of-network or higher
- Wellness Coverage
- Prescription coverage of at least \$1,500 annual
- Network Access in East TN (Out-of-State HMOs not acceptable where they require you to see a provider in your home state)
- The plan must meet Federal and State insurance requirements and claims paid in the U.S.

* Higher Deductibles may be considered if have office visit co-pay or funds available such as HRA/HSA; please request special handling by committee with cover letter detailing ability to pay should claim arise. Allow 7 business days for response from committee. Check this box if this is a special handling request.

I am electing to waive enrollment in the LMU-DCOM student health 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 13th but no later than August 15th will be reviewed over the 1st 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 medical treatment at LMU-DCOM Outpatient Services or from other providers, I will be responsible to pay any co-pays, deductible, and co-insurance.

 Student Signature Date

Request: Approved Denied Forwarded to Committee

Explanation: _____

 Committee Rep Signature Date

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