



**LMU-DCOM
MEDICAL HARD WAIVER REQUEST
10-11 School Year**

2nd Year Student (Class of 2013) Deadline for Approvals: June 30, 2010

To: Sheila Brill Phone #: 865-531-9898 x 231
 Fax: 865-531-2290 Email: Sheila.brill@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. Check this box if you had medical hard waiver approved for 08-09 school year and your carrier/benefits have not changed. You must submit proof of current active status from carrier. If carrier or plan benefits have changed since last year, submit all required documentation.

- Proof from carrier that coverage is active (i.e. letter with date April 1, 2010 or later)
- Deductible \$1,500 or less per individual*
- Calendar Year Maximum of at least \$500,000
- Co-insurance 80% 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 in 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. 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: Sheila Brill, Trinity Benefit Advisors, 4823 Old Kingston Pike Suite 205, Knoxville, TN 37919.