



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

**4<sup>th</sup> Year Student (Class of 2013) Deadline for Approvals: June 1, 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. Check this box  if you had dental hard waiver approved for the 2011-2012 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, 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. 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, send to: Sandy Wright, Trinity Benefit Advisors, 4823 Old Kingston Pike Suite 205, Knoxville, TN 37919.**