INSTRUCTIONS

REQUEST for WAIVER/REFUND of INSURANCE PREMIUM

I have my own insurance policy. How do I request a waiver/refund for the insurance fee on my tuition bill?

1. Fill out the enclosed Request for Waiver/Refund of Insurance Premium form found in your packet before any payment is made whether it is a partial or full payment towards your tuition.

2. You are responsible for providing proof of comparable insurance coverage. You may do this by selecting one of the 2 methods described in the “Proof of Comparable Insurance Coverage” found on the form.

3. Turn in your completed and signed form at the Medical Records window in the Student Health Center located at the corner of Sessom Dr. & Tomas Rivera; or mail to Texas State Student Health Center, Attn: Hope Montana, 601 University Dr., San Marcos, TX 78666; or fax to (512) 245-9288 Attention: Hope Montana.

4. Your request will be processed in the order it was received. If Ms. Montana needs additional information, she will contact you by e-mail or by phone. If Ms. Montana determines a meeting time is needed, she will contact you to schedule this.

5. Once your request has been processed, Ms. Montana will let you know by sending you an e-mail or by contacting you by phone.

If your request for a waiver is approved, the health insurance fee will be removed from your bill and your bill will be recalculated.

What will happen if I do not request a waiver before the deadline or if I make any type of payment before requesting and getting a waiver? ***DO NOT PAY before your waiver has been processed.***

You will have to request a refund using the Request for Waiver/Refund of Insurance Premium form. We will not be able to take off the health insurance fee charged to your tuition and recalculate your bill. If your request for a refund is approved, your name will be given to the insurance company after the 12th class day during the spring or fall semester and after the 4th class day during the summer semester so they may send you a refund check. This may take the insurance company 2-3 months to mail your check to you.

What should I do if my policy does not include medical evacuation/repatriation coverage?

You may purchase this coverage through Texas State for $30. Simply complete the enrollment card included on the back side of this form. You may pay with a Visa or MasterCard credit card by entering the credit card information on the enrollment card. You may also pay with a check or money order payable to Academic HealthPlans, Inc. Please return the enrollment card and payment along with the waiver form provided in your packet to the Texas State Student Health Center. PLEASE DO NOT SEND CASH.

Helpful hints:

1. You must request a waiver/refund each semester. It is your responsibility to request a waiver/refund form if you need one.

2. We strongly encourage you to request a waiver each semester. This will keep you from having to pay for the health insurance premium.

3. Do not wait until the last minute. Request your waiver as soon as you advance register or late register. If you wait until the last few days before the deadlines, we cannot guarantee your waiver or refund request will be processed.

4. Remember do not make any kind of payment towards your tuition before we make a determination if you will be requesting a waiver.

5. If you have questions, contact Hope Montana at (512) 245-2161 or em14@txstate.edu.
Mandatory Repatriation/Medical Evacuation

Medical Evacuation and Repatriation
Insured Students enrolled shall have access to 24-hour global emergency services provided by Scholastic Emergency Services, Inc. Scholastic Emergency Services completely arranges and pays for all of the assistance services it provides without limits on the covered cost. All services must be arranged and provided by Scholastic Emergency Services. No claims for reimbursement will be accepted.

**Fall 2010 students will need to purchase this coverage during this semester. Coverage purchased through Texas State will be effective through August 23, 2011.

Student’s name
(First) (M) (Last)
TX State student ID#

Date of Birth Telephone No. E-mail Address

Billing Address
(Street) (Apt. #) (City) (State) (Zip)

(Student Signature) (Date)


I wish to purchase Repatriation/Medical Evacuation coverage and understand the cost is a one time charge per policy year of $30.00. This coverage expires August 23, 2011 if purchased for Fall 2010, Spring 2011, or 2011 Summer sessions. Coverage will be effective the date the correct payment is received by the Company, or an authorized representative of the Company or the Effective Date of the coverage period, whichever is later.

Payment Options:
1. _____ Check or money order in the amount of $30.00 made payable to Academic HealthPlans, Inc.
2. _____ Credit card. Please complete the bottom portion if you select this payment option.
   _____ Visa _____ MasterCard (Please check one)
   Card Number ____________________________
   Expiration Date ____________________________
   Print name of cardholder ____________________________
   Cardholder phone number ____________________________
   Cardholder signature ____________________________ Date ____________