

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 office 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 additional information or a meeting time is required, you will be contacted by e-mail or phone.
5. Once your request has been processed, you will receive an e-mail or phone confirmation from Ms. Montana.

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?

You will have to request a refund using the Request for Waiver/Refund of Insurance Premium form. We will not be able to remove 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 \$61. Simply complete the enrollment form 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 form. You may also pay with a check or money order payable to **UnitedHealthcare StudentResources**. Please return the enrollment form 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

If an Insured Student is unable to continue their academic program due to a Covered Injury or Covered Sickness, or is otherwise hospitalized, the insurance will pay necessary Usual, Reasonable and Customary expenses, to a maximum of \$10,000 for evacuation to another medical facility, or the Insured Student's home country. A Medical Evacuation would be considered only if medically necessary, and after a hospitalization of at least five (5) days. Any expenses for Medical Evacuation require prior approval of the attending Physician and the Company Claim Office.

Repatriation

In the event of the death of an Insured Student while insured under the policy, the Insurance will pay necessary Usual, Reasonable and Customary expenses to a maximum of \$7,500 for preparation and transportation of the remains to the Insured Student's place of residence in his or her Home Country. Any expenses for Repatriation require prior approval of the Company Claim Office.

****Fall 2009 students will need to purchase this coverage during this semester. Coverage purchased through Texas State will be effective through August 23, 2010.**

Please Cut Along Line

| Texas State University-San Marcos * Medical Evacuation/Repatriation* Scholastic Emergency Services, Inc. | | | | |
|---|---------------------|-------------------------|-----------------|--|
| Student's name _____ (First) (M) (Last) | | | | |
| TX State student ID# _____ | | Social Security # _____ | | |
| Date of Birth _____ | Telephone No. _____ | E-mail Address _____ | | |
| Billing Address _____ (Street) (Apt.#) (City) (State) (Zip) | | | | |
| I wish to purchase Repatriation/Medical Evacuation coverage and understand the cost is a one time charge per policy year of \$61.00. This coverage expires August 23, 2010 if purchased for Fall 2009, Spring 2010 or 2010 Summer sessions. | | | | |
| _____ (Signature) | | | _____ (Date) | |
| Payment Options: | | | | |
| 1. Check or money order in the amount of \$61.00 made payable to UnitedHealthcare StudentResources | | | | |
| 2. Credit card. Please fill 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 _____ | | | | |
| Please charge \$61.00 for Repatriation/Medical Evacuation coverage to my credit card. | | | | |
| Cardholder signature _____ | | | Date _____ | |

| | Advanced Registration | Waiver Deadline for Advanced Registration | Late Registration | Waiver Deadline for Late Registration | Refund Deadline | Insurance Coverage Dates | Insurance Premium |
|-----------|----------------------------------|--|------------------------------------|--|------------------------|-------------------------------------|--------------------------|
| Fall 2009 | April 13, 2009 April 29, 2009 | August 5, 2009 | August 13, 2009 August 25, 2009 | August 25, 2009 | September 11, 2009 | August 23, 2009 January 16, 2010 | \$ 607.00 |

Revised 04/06/09