

To comply with US federal Affordable Care Act legislation and to protect students during their time with University of Kentucky, health coverage plans used by international students must meet minimum coverage requirements. Under the following exceptional conditions, students may provide specific documentation to forego the UK minimum standards for health coverage for one (1) coverage period. **PLEASE ONLY SUBMIT THE DOCUMENTATION THAT APPLIES TO YOUR SITUATION!**

Requesting Situation	Required Documentation to Submit to SHP Office	Deadline
Student will not spend any time in the United States during the coverage period	<ul style="list-style-type: none"> UK SHP Out of Country Form 	Fall: 10/25/2019 Spring/Summer: 3/22/2020
Student will spend a maximum of eight (8) weeks in United States to defend their dissertation and Student has other health coverage for duration of stay in United States (note: travel plans may be acceptable)	<ul style="list-style-type: none"> UK SHP Out of Country Form Documentation of alternate coverage through stay in US Travel documents showing entrance and exit dates 	Fall: 10/25/2019 Spring/Summer: 3/22/2020
Student unaware of enrollment in, or erroneously enrolled in, zero-credit hour course by academic department	<ul style="list-style-type: none"> UK SHP Acknowledgment of Appeal Limitation Form Letter from department official detailing circumstances resulting in course enrollment without the student's knowledge 	90 days after end of requesting semester
Late waiver due to medical emergency and Student had otherwise qualifying alternate health coverage	<ul style="list-style-type: none"> UK SHP Acknowledgment of Appeal Limitation Form Letter from student describing circumstances Documentation of medical emergency Documentation of qualifying alternate coverage 	90 days after end of requesting semester
Student who's otherwise qualifying coverage ends upon exit of the United States and Student has access to other health benefits upon exit through the remainder of the coverage period	<ul style="list-style-type: none"> UK SHP Out of Country Form Evidence of timely waiver attempt which resulted in denied waiver Travel documents showing exit before or on end date of alternate coverage Documentation of alternate coverage 	Fall: 10/25/2019 Spring/Summer: 3/22/2020
BCTC student enrolled in UK courses and Student meets BCTC's health coverage requirement	<ul style="list-style-type: none"> UK SHP Acknowledgement of Financial Responsibility Evidence of timely waiver attempt which resulted in denied waiver Documentation of fulfillment of BCTC's health coverage requirement 	Fall: 10/25/2019 Spring/Summer: 3/22/2020
Student who's otherwise qualifying coverage does not include Medical Evacuation and Repatriation coverage and Student's family resides in the United States	<ul style="list-style-type: none"> UK SHP Acknowledgement of Financial Responsibility Evidence of timely waiver attempt which resulted in denied waiver Documentation of family's address in the US 	Fall: 10/25/2019 Spring/Summer: 3/22/2020
Student attending UK for no more than one semester under a cooperative agreement and Student covered under a mandatory student health plan from another US college/university	<ul style="list-style-type: none"> UK SHP Acknowledgement of Financial Responsibility Contact information of official to verify cooperative agreement Evidence of timely waiver attempt which resulted in denied waiver Documentation of alternate coverage 	Fall: 10/25/2019 Spring/Summer: 3/22/2020
Student attending UK for less than one semester and Student has other health coverage (note: travel plans may be acceptable)	<ul style="list-style-type: none"> UK SHP Acknowledgement of Financial Responsibility Evidence of timely waiver attempt which resulted in denied waiver Documentation of alternate coverage Contact information for UK official to verify the length of stay 	Fall: 10/25/2019 Spring/Summer: 3/22/2020
Student enrolled in 6 or less credit hours and Student holds one of the following visa types: J-1 Physician, J-1 Summer/work and travel, J-1 Au Pair, J-1 Trainee, J-1 Camp counselor, J-1 Intern, J-1 International Visitor, J-1 Teacher and Student has other health insurance coverage (note: travel plans may be acceptable)	<ul style="list-style-type: none"> UK SHIP Acknowledgement of Financial Responsibility Documentation of current qualifying visa type Documentation of alternate coverage 	Fall: 10/25/2019 Spring/Summer: 3/22/2020

Notices:

1. UK ESL students use different enrollment and waiver procedures. UK ESL students with waiver questions should contact studenthealthplan@uky.edu
2. No Waiver or Waiver Appeal can be approved if any prescription or medical claims were submitted under UK SHP during the requesting semester.
3. All Waiver Appeal submittals are requests only. UK does not guarantee the approval of any Waiver Appeal. Waiver Appeal approvals and denials are based on the evidence submitted in advance of the listed deadlines.
4. Waiver Appeal approval in any given semester does not guarantee approvals in future semesters.

Definitions:

Coverage period:	Health coverage period associated with fall and spring academic semesters.
Requesting semester:	Semester student assessed Student Health Plan charge for which student is requesting a waiver/waiver appeal
Waiver:	Process to document qualifying outside health coverage to cancel UK SHP
Waiver Appeal:	Process to document qualifying conditions to cancel UK SHP without an Approved Waiver

Submit your documentation and forms to the UK SHP Office by the applicable deadline:

Fax: 859-323-5852

Email: studenthealthplan@uky.edu

Mail: UK SHP Office, Attn: Chavae Mock, University of Kentucky, 1080 Export St., Suite 280, Lexington, Kentucky 40504

2019-20120 Waiver Appeal Request UK SHP Out of Country Form



Name	
UK ID	
Email	
Phone	

For your safety, UK requires qualifying health coverage for all international students. In rare circumstances, exceptions will be considered for students who will be out of the United States. Approved waiver appeals are active for one semester. If the student will remain out of the US for additional semesters, they must seek a waiver appeal each semester.

Choose one ONLY (a separate request must be submitted for each semester):

- I am requesting a Fall 2019 Waiver Appeal (August 15, 2019 – December 31, 2019)
- I am requesting a Spring/Summer 2019 Waiver Appeal (January 1, 2020 – August 14, 2020)

Choose one:

- I will not spend any time in the US during the period chosen above.
 - **Country where I will be located:** _____
 - **Name of faculty member that can confirm out of country status:** _____
- I will spend a maximum of eight (8) weeks in the US to defend my dissertation **and** I have other health coverage for the duration of my stay in US (note: travel plans may be accepted in these circumstances).
 - **Date of dissertation defense:** _____
 - **Name of faculty member that can confirm your status:** _____

Must attach:

- Documentation of alternate health coverage: ID card **and** document from company including your name and coverage dates
- Travel documents showing entrance and exit dates: such as proof of airline ticket purchase

- My attempt to waive UK SHP *with otherwise qualifying coverage* was denied only because my alternate coverage will end when I exit the US **and** I have access to medical care for the remaining duration of the period.

Must attach:

- Evidence of a timely attempt to waive UK SHP
- Documentation of alternate US health coverage: ID card **and** document from company including your name and coverage dates
- Documentation of access to medical care after exiting the US: such as ID card **and** document from company including your name and coverage dates
- Travel documents showing US exit date: such as proof of airline ticket purchase



Name	
UK ID	

Waiver Appeal Agreement

Your signature confirms the selections above and the following:

- I will not be in the United States at any time during the coverage period selected above.
- I understand that I am fully responsible for my medical expenses during the time of any granted waiver appeal.
- If a waiver appeal is approved, I am cancelling my eligibility for the UK Student Health Plan for the period. I will not be permitted to enroll in SHP during that period.
- I understand that if I have any SHP medical or pharmacy claims during the period for which I am applying, a waiver appeal cannot be granted.

Signature

Date

This completed and signed form and requested documentation must be received by the following deadline:

Deadline for Fall 2019: October 22, 2019

Deadline for Spring/Summer 2020: March 22, 2020

Return completed form to the UK SHP Office:

Fax: 859-323-5852

Email: studenthealthplan@uky.edu

Mail: UK SHP Office, University of Kentucky, 1080 Export St., Suite 280, Lexington, Kentucky 40504

Processing: What happens next?

Because each waiver appeal request must be individually researched by UK and the health coverage carrier, please allow 10-14 business days for processing. The SHP charge will not be removed unless and until the application has been approved. A completed form does not guarantee approval. You will be notified by email about your approved or denied status.

SHP Office use only:

Approved _____ Denied _____ Date Reviewed: _____ Initials _____

2019-2020 Waiver Appeal Request Acknowledgment of Appeal Limitation Form



Name	
UK ID	
Email	
Phone	

For your safety, UK requires qualifying health coverage for all international students. In rare circumstances, exceptions will be considered for students with extraordinary circumstances.

Choose one:

- I am requesting a Fall 2019 Waiver Appeal (August 15, 2019 – December 31, 2019)
- I am requesting a Spring/Summer 2020 Waiver Appeal (January 1, 2020 – August 14, 2020)

Choose one:

- I was unaware of my enrollment in, or was erroneously enrolled in a zero-credit hour course by my academic department.

Must attach:

- Letter from department official detailing circumstances resulting in course enrollment without the student's knowledge

- Due to a serious medical emergency, I was not able to submit my qualifying alternate health coverage in a timely manner in the AHP Waiver System.

Must attach:

- Documentation of alternate health coverage: ID card **and** document from company including your name and coverage dates (coverage must meet or exceed UK's Health Coverage Minimum Requirements)
- Letter from student describing circumstances
- Documentation of medical emergency: such as medical records



Name	
UK ID	

Waiver Appeal Agreement

Your signature confirms the selections above and the following:

- *I understand that I will NOT be granted a waiver appeal for similar circumstances in future semesters.*
- I understand that I am fully responsible for my medical expenses during the time of any granted waiver appeal.
- If a waiver appeal is approved, I am cancelling my eligibility for the UK Student Health Plan for the period. I will not be permitted to enroll in SHP during that period.
- I understand that if I have any SHP medical or pharmacy claims during the period for which I am applying, a waiver appeal cannot be granted.

Signature

Date

This completed and signed form must be received within 90 days of the end of the period for which the waiver appeal is being requested:

Fall 2019 requests by March 30, 2019
Spring/Summer 2020 requests by November 12, 2020

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Fax: 859-323-5852

Email: studenthealthplan@uky.edu

Mail: UK SHP Office, University of Kentucky, 1080 Export St., Suite 280, Lexington, Kentucky 40504

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Approved _____ Denied _____ Date Reviewed: _____ Initials _____

2019-2020 Waiver Appeal Request

Acknowledgement of Financial Responsibility



Name	
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For your safety, UK requires qualifying health coverage for all international students. Exceptions will be considered for students with extraordinary circumstances.

Choose one:

I am a BCTC student enrolled in a UK course **and** I have met BCTC's requirement for health coverage.

Must attach:

- Documentation of fulfillment of BCTC's health coverage requirement
- Evidence of timely UK student health plan waiver attempt

My timely waiver attempt *with otherwise qualifying coverage* was denied only because I do not have medical evacuation and/or repatriation coverage **and** my family resides in the United States.

Must attach:

- Documentation of alternate qualifying health coverage: ID card **and** document from company including your name and coverage dates
- Evidence of timely UK student health plan waiver attempt
- Documentation of family's address in the United States: such as a copy of an ID card showing US address

I am attending UK for no more than one semester under a cooperative agreement **and** I am covered under mandatory student health coverage from another US college or university. *I understand that I will NOT be granted a waiver appeal for similar circumstances in future semesters.*

Must attach:

- Documentation of alternate student health coverage: ID card **and** document from company including your name and coverage dates
- Evidence of timely UK health plan waiver attempt
- Contact information of official who can verify the terms of the cooperative agreement

I am attending UK for less than one semester **and** I have other health coverage for the duration of my stay in US (note: travel plans may be accepted in these circumstances). *I understand that I will NOT be granted a waiver appeal for similar circumstances in future semesters.*

Must attach:

- Documentation of alternate student health coverage: ID card **and** document from company including your name and coverage dates
- Evidence of timely UK health plan waiver attempt
- Contact information for UK official who can verify the length of your stay: such as your UK advisor

I am enrolled in six (6) or fewer credit hours **and** I have other health coverage (note: travel plans may be accepted in these circumstances), **and** I have the following visa type (Choose one):

- | | |
|---|---|
| <input type="checkbox"/> J-1 Au Pair | <input type="checkbox"/> J-1 Physician |
| <input type="checkbox"/> J-1 Camp counselor | <input type="checkbox"/> J-1 summer/work and travel |
| <input type="checkbox"/> J-1 Intern (note: a J-1 Intern Student does not qualify for a waiver appeal) | <input type="checkbox"/> J-1 Teacher |
| <input type="checkbox"/> J-1 International Visitor | <input type="checkbox"/> J-1 Trainee |

Must attach:

- Documentation of alternate student health coverage: ID card **and** document from company including your name and coverage dates
- Documentation of current qualifying visa type



Name	
UK ID	
Email	
Phone	

Choose one:

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Waiver Appeal Agreement

Your signature confirms the selections above and the following:

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