



# UK Student Health Plan Waiver Appeal Circumstances and Procedures 2021-2022

Under the following exceptional conditions, students may provide specific documentation to waive the UK minimum requirements for health coverage for one (1) coverage period.

## Instructions

1. In the first column, find the situation that most closely matches to your situation.
2. In the second column, you will find the corresponding documents that must be submitted with your waiver appeal.
3. Submit all required documents for your situation to [studenthealthplan@uky.edu](mailto:studenthealthplan@uky.edu). You will be notified within 10-14 business days of the approval or denial of your request. **ONLY SUBMIT THE DOCUMENTATION THAT APPLIES TO YOUR SITUATION!**

Requesting Situation	Required Documentation to Submit to SHP Office	Deadline
Student will not spend <u>any</u> time in the United States during the coverage period	UK SHP Out of Country Form	Fall: 10/15/2021 Spring/Summer: 3/12/2022
Student will spend a maximum of eight (8) weeks in United States to defend their dissertation <b>and</b> Student has other health coverage for duration of stay in United States (note: travel plans may be acceptable)	UK SHP Out of Country Form Documentation of alternate coverage through stay in USTravel documents showing entrance and exit dates	Fall: 10/15/2021 Spring/Summer: 3/12/2022
Student unaware of enrollment in, or erroneously enrolled in, zero-credit hour course by academic department	UK SHP Acknowledgment of Appeal Limitation Form Letter from department official detailing circumstances resulting in course enrollment without the student's knowledge	45 days after end of requesting semester
Late waiver due to medical emergency <b>and</b> Student had otherwise qualifying alternate health coverage	UK SHP Acknowledgment of Appeal Limitation Form Letter from student describing circumstances Documentation of medical emergency Documentation of qualifying alternate coverage	45 days after end of requesting semester
Student whose otherwise qualifying coverage ends upon exit of the United States <b>and</b> Student has access to other health benefits upon exit through the remainder of the coverage period	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: 10/15/2021 Spring/Summer: 3/12/2022
Student whose otherwise qualifying coverage does not include Medical Evacuation and Repatriation coverage <b>and</b> Student's family resides in the United States	UK SHP Acknowledgement of Financial Responsibility Form Evidence of timely waiver attempt which resulted in denied waiver Documentation of family's address in the US	Fall: 10/15/2021 Spring/Summer: 3/12/2022
Student attending UK for no more than one semester under a cooperative agreement <b>and</b> Student covered under a mandatory student health plan from another US college/university	UK SHP Acknowledgement of Financial Responsibility Form Contact information of UK official to verify cooperative agreement Evidence of timely waiver attempt which resulted in denied waiver Documentation of alternate coverage	Fall: 10/15/2021 Spring/Summer: 3/12/2022
Student attending UK for less than one semester <b>and</b> Student has other health coverage (note: travel plans may be acceptable)	UK SHP Acknowledgement of Financial Responsibility Form 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: 10/15/2021 Spring/Summer: 3/12/2022
Student enrolled in 6 or less credit hours <b>and</b> 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 <b>and</b> Student has other health insurance coverage (note: travel plans may be acceptable)	UK SHIP Acknowledgement of Financial Responsibility Form Documentation of current qualifying visa type Documentation of alternate coverage	Fall: 10/15/2021 Spring/Summer: 3/12/2022

**Notices:**

1. UK ESL students use different enrollment and waiver procedures. UK ESL students with waiver questions should contact the Student Health Plan (SHP) office at [studenthealthplan@uky.edu](mailto:studenthealthplan@uky.edu).
2. No Waiver nor Waiver Appeal will be approved if any medical or prescription claims have been submitted, under the UK SHP, during the requesting semester.
3. All Waiver Appeal submissions are requests only. UK does not guarantee the approval of any Waiver Appeals. Waiver Appeal approvals and denials are based on the evidence submitted.
4. A Waiver Appeal approval in any given semester does not guarantee an approval in future semesters.

**Definitions:**

- Coverage period:** Health coverage period associated with Fall and Spring academic semesters.
- Requesting semester:** Semester student received 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:

**Deadline for Fall 2021: October 15, 2021**

**Deadline for Spring/Summer 2022: March 12, 2022**

**SHP Office Contact Information**

**Email:** [studenthealthplan@uky.edu](mailto:studenthealthplan@uky.edu)

**Phone:** 859-218-0461