

# 2021-2022 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 2021 Waiver Appeal (August 15, 2021 – December 31, 2021)
- I am requesting a Spring/Summer 2022 Waiver Appeal (January 1, 2022 – August 14, 2022)

**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/ISSS member that can confirm out of country status:** \_\_\_\_\_
  - **I understand that I may be asked for proof of my current location at any point during the semester.**
- 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 2021: October 15, 2021**

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

**Return completed form to the UK SHP Office at [studenthealthplan@uky.edu](mailto:studenthealthplan@uky.edu) .**

### 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 \_\_\_\_\_

# 2021-2022 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 2021 Waiver Appeal (August 15, 2021 – December 31, 2022)
- I am requesting a Spring/Summer 2022 Waiver Appeal (January 1, 2022 – August 14, 2021)

**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 45 days of the end of the period for which the waiver appeal is being requested:**

**Fall 2021 requests by February 14, 2022**  
**Spring/Summer 2022 requests by June 29, 2022**

**Return completed form to the UK SHP Office at [studenthealthplan@uky.edu](mailto:studenthealthplan@uky.edu)**

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SHP Office use only:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Initials \_\_\_\_\_

# 2021-2022 Waiver Appeal Request

## Acknowledgement of Financial Responsibility



Name

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):

- |  |                            |
|--|----------------------------|
| J-1 Au Pair  | J-1 Physician              |
| J-1 Camp counselor   | J-1 summer/work and travel |
| J-1 Intern (note: a J-1 Intern Student does not qualify for a waiver appeal) | J-1 Teacher                |
| J-1 International Visitor  | 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



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