

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Semester/Term: \_\_\_\_\_  
Year: \_\_\_\_\_

## TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

### *MEDICAL SERVICES WAIVER FORM BENEFITS-ELIGIBLE EMPLOYEES*

This form must be presented to the TTUHSC Student Business Services Office no later than the close of business on the 12<sup>th</sup> class day of a fall or spring semester or the 4<sup>th</sup> class day of a summer term.

**A SEPARATE FORM WITH ORIGINAL SIGNATURES IS REQUIRED FOR EACH SEMESTER/TERM IN WHICH THE EXEMPTION/WAIVER IS BEING CLAIMED.**

The Texas Tech University Health Sciences Center Board of Regents has provided that a student who on or before the 12<sup>th</sup> class day of a fall or spring semester or the 4<sup>th</sup> class day of a summer term were benefits eligible employees of Texas Tech University Health Sciences Center, eligible for State benefits as defined in section 31.001(6) of the Texas Civil Statutes, Title 110 B, and the "Rules and Regulations of the Board of Trustees of the Teacher Retirement System of Texas" may be waived from the payment of the Medical Services Fee.

In the event I do not qualify for this waiver, I do hereby agree to pay Texas Tech University Health Sciences Center, the amount I should have paid as a non-waivered student.

I further understand and agree that if I fail to make payment as required in the notification that I will not receive credit for course work completed during the semester or term in which the waiver was claimed. I also understand and agree that I will not be entitled to receive an official academic transcript.

I understand and agree that Texas Tech University Health Sciences Center, at its option, may revoke this waiver immediately upon determination that I no longer meet eligibility requirements.

I certify that to the best of my knowledge that I am qualified for the waiver indicated and hereby apply to Texas Tech University Health Sciences Center for the waiver of the Medical Services Fee.

\_\_\_\_\_  
Employee's Last Name      First Name      MI      R\_\_\_\_\_  
Employee/Student ID #

\_\_\_\_\_  
Employee's Official Job Title      Employee's Signature      Date

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### **TTUHSC Student Business Services Office Use Only**

Exemption/Waiver Subcode	_____	Date of TechRIS Audit	_____
Hours at Time of Submittal	_____	Appointment Date	_____
Date Entered	_____	Percentage of Employment	_____
Entered by	_____	Hours at Time of Audit	_____
Date of Rejection Notification	_____	TechRIS Audit Performed by	_____