

Home Phone: _____
Work Phone: _____
E-Mail: _____

Semester/Term: _____
Year: _____

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

This form must be presented to the TTUHSCEP Student Business Services Office no later than the close of business on the 12th class day of a fall or spring semester or the 4th 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 El Paso Board of Regents has provided that a student who on or before the 12th class day of a fall or spring semester or the 4th class day of a summer term were benefits eligible employees of Texas Tech University Health Sciences Center El Paso 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 El Paso, 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 El Paso, 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 El Paso 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

TTUHSCEP Student Business Services Office Use Only

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|--------------------------------|-------|----------------------------|-------|
| 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 | _____ |