Home Phone: _____   **Semester/Term: _____**

Work Phone: _____   **Year: _____**

E-Mail: _____

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 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 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, 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 may 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.

_____ _____ _____   R__ __ __ __ __ __ __ __
Employee's Last Name   First Name   MI   Employee/Student ID #

_____ _____ _____
Employee's Official Job Title   Employee's Signature   Date