

**Domestic Increased Limits (DIL) Coverage**  
**Faculty Application Instructions**

*(Faculty only. Different application form & restrictions for Residents and Fellows.)*

1. Applications will not be processed until all requested information is provided.
2. There is no duration limit for faculty physicians; however, a separate application must be submitted for each enrollment year.
3. The attached application is for faculty choosing DIL coverage for a specific location for set number of days.
4. Billing will be for a minimum of 30 days and for a maximum of the entire enrollment year.
5. A signed copy of the Department Chair approval letter must be attached for all applications.
6. Complete applications should be sent via e-mail attachment with subject line to include applicant name – “(name) DIL Coverage Request” to [Non-RoutinePLI@utsystem.edu](mailto:Non-RoutinePLI@utsystem.edu) with cc to [PLI-Accounting@utsystem.edu](mailto:PLI-Accounting@utsystem.edu)
7. For any questions, contact Deputy Plan Administrator, Victoria Cantu, at [vicantu@utsystem.edu](mailto:vicantu@utsystem.edu) or 512-499-4628

**Domestic Increased Limits (DIL) Coverage  
Faculty Application**  
*(for Faculty only, specific location, set# days)*

**Applicant Information**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Last name First Name Middle*

Institution: \_\_\_\_\_ **PLID** \_\_\_\_\_

**License #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

Department/Program Specialty (i.e., division if applicable):

\_\_\_\_\_ / \_\_\_\_\_

**Domestic Facility Information**

Facility Name: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date

*(The 93 days per fiscal year limitation has been removed for faculty.)*

**Excess Coverage Requested**

\_\_\_ \$1 million / \$3 million

\_\_\_ \$2 million / \$5 million

\_\_\_ \$3 million / \$5 million

\_\_\_ Department Chair approval (*must be attached*)

**UT System use only:**

Risk Class \_\_\_\_\_ Mnthly Prem \_\_\_\_\_ Lmt Factor \_\_\_\_\_ Terr/Grp /Relat \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Due \$ \_\_\_\_\_