

**Domestic Increased Limits (DIL) Coverage**  
**Resident/Fellow Application Instructions**

*(Residents and Fellows only. Separate application and restrictions for Faculty.)*

1. Applications will not be processed until all requested information is provided.
2. Each resident application is limited to a maximum of 60 days and to a maximum of 93 days in one fiscal year (same as enrollment year).
3. Billing will be for a minimum of 30 days.
4. Resident & Clinical Fellow applications require the GME Office's PLANet authorized representative's signature.
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  
Resident/Fellow Application**

*(Residents and Fellows only. Separate application and restrictions for Faculty.)*

**Applicant Information**

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

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

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

Applicant Status:      \_\_\_ Resident      \_\_\_ Fellow  
                             \_\_\_ Resident PGY level

\_\_\_\_\_ GME Office PLANet rep. signature (Residents/Fellows only)

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

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

**Domestic Facility Information**

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

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

\_\_\_\_\_ Beginning Date      \_\_\_\_\_ Ending Date  
*(Out-of-state coverage for Residents is limited to 30-day, or 60-day rotations with no more than 93 days per fiscal year.)*

**Excess Coverage Requested**

\_\_\_ \$1 million / \$3 million *(faculty/residents)*

\_\_\_ \$2 million / \$5 million *(faculty/residents)*

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

**UT System use only:**

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