International Coverage
Guidelines & Application Instructions
(<u>Faculty only</u>. Separate application requirements for Residents & Fellows)

1. Applications will not be accepted until all requested information is provided.

2. Lawsuit must be filed in the United States.

3. Applications for International coverage are now submitted by the department representative directly to the online Non-Routine PLI database at:
   https://apps.utsystem.edu/NonRoutineProLi/homepage.aspx

4. Each faculty application is billed for a minimum of 30 days, no maximum number of days for faculty per fiscal year (same enrollment year).

5. Premium must be paid based on the single risk class rate recommended by our actuary to be pro-rated on a daily basis for the period of international assignment with billing for a minimum of 30 days.

6. A signed copy of the Department Chair or institutional President's approval letter must be uploaded to the online application.

7. SOS travel arrangements must be made.

8. An automated email notifies the department representative of the request approval. Once approved, a link to the coverage certificate will appear on the application screen. The requestor can print and/or save the certificate.

9. Premiums are billed on a quarterly basis by PLI-Accounting. Please include the POC e-mail in the online Comments if department requestor or approver will not be responsible for handling the payment.

10. For any other questions, contact Victoria Cantu at vicantu@utsystem.edu.

11. To request set-up of a department user of the new database contact Veronica Rodarte at vrodartegallardo@utsystem.edu.

International PLI Coverage - <u>Faculty</u>
Non-Routine PLI Database Required Online Information

Applications for International PLI coverage are now submitted online at:
https://apps.utsystem.edu/NonRoutineProLi/homepage.aspx
If you are not set up as a designated user for your department, please contact Veronica Rodarte at
vrodartegallardo@utsystem.edu for more information.

Information to be entered online (this form is a guideline for the necessary online information and does not need to be completed):

Name: _____ , _____   _____
       Last name   *First Name*   *Middle*

PLID_____
(Applicant Status, License Number, Institution, Department/Program Specialty (i.e., division if applicable) *are auto-populated* by selecting the appropriate Faculty physician name/PLID from dropdown.)

<u>International Facility Information</u>

Facility Name: _____

City: _____ **State/Province** *(if applicable)*: _____

Country: _____

Continent and/or Sub-continent: _____

_____ Beginning Date   _____ Ending Date

Each approved faculty application requires a minimum 30-day premium payment with no maximum number of days per enrollment year (fiscal year). The department may add additional days of coverage online during the year as needed <u>without</u> another 30-day minimum premium or further approval. Automatic quarterly billing of additional days will generate on a per diem basis. <u>Each enrollment year (fiscal year) a new application must be submitted and approved.</u>

The Department must <u>track the specific dates</u> the Faculty physician is engaged in the covered International activity. This documentation will be required if the activity results in a lawsuit.

_____ **Department Chair approval** *(must be uploaded with the online request)*