International Coverage  
Guidelines & Application Instructions  
(Residents & Fellows. Separate application requirements from Faculty.)

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 resident or fellow application is limited to a maximum of 60 days and to a maximum of 93 days 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. Residents and Clinical Fellows applications should include identification of supervising Faculty for the international assignment.

8. SOS travel arrangements must be made.

9. 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.

10. 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.

11. 

12. For any other questions, contact Allene Evans at aevans@utsystem.edu or 512-499-4630.

13. To request set-up of a department user of the new database contact Kathy Smith at ksmith@utsystem.edu or 512-499-4503.
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 Kathy Smith at 512-499-4503 or ksmith@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.)

__________________________________ Faculty Supervisor

International Facility Information

Facility Name: ________________________________

City: ________________________________

State/Province (if applicable): ________________________________

Country: ________________________________

Continent and/or Sub-continent: ________________________________

_________ Beginning Date  ___________ Ending Date

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