

**Domestic Increased Limits (DIL) Coverage
Inclusive of All US Locations
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' all-inclusive U.S. locations PLI; however, a separate application must be submitted for each enrollment year.
3. Billing will be for a minimum of 30 days for each enrollment year and for a maximum of the entire enrollment year, based on physician specialty code and the highest US geographic territory rate established by actuary.
4. The physician's department may estimate the number of days coverage required during the applicable enrollment year. It is the department's responsibility to track the specific dates and number of days of PLI used by the physician and to resubmit a request for the number of additional days coverage for that enrollment year as needed. Requests for additional days of coverage will generate a new invoice for the additional days at the daily rate.
5. *Inclusive "All US Locations" PLI coverage with estimated enrollment days is **NOT available to Residents & Clinical Fellows**. Increased domestic coverage limits for Residents & Clinical fellows is available only for specific U.S. locations and limited to 93 days per fiscal year; a different application form is required.*
6. A signed copy of the Department Chair approval letter must be attached for all applications. The approval letter can specify the activity is approved for the entire enrollment/fiscal year.
7. Complete applications should be sent via e-mail attachment with subject line to include applicant name:
 "(Physician name) DIL-PLI Request-All US Locations"
 to Non-RoutinePLI@utsystem.edu with copy to PLI-Accounting@utsystem.edu
8. Resubmit the original application with the estimated additional days entered, if requesting additional days within the same fiscal year, with email subject line:
 "(Physician name) Estimated Additional Days of Coverage DIL –PLI Request-All US Locations"
9. For any questions, contact Deputy Plan Administrator, Victoria Cantu, at vicantu@utsystem.edu or 512-499-4628.

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FACULTY Application**

Applicant Information

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

Institution: _____ **PLID** _____

License # _____ **Expiration Date** _____

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

Original Request Date: _____

Enrollment Year (Fiscal Year): 9/1/____ to 8/31/____

Initial Estimated Days of Coverage for Enrollment Year: _____

Excess Coverage Requested

___ \$1 million / \$3 million

___ \$2 million / \$5 million

___ Department Chair approval (*must be attached*)

Supplemental Additional Days Request (*Leave this section blank on original application.*)

Additional Days Request Date: _____

Estimated Additional Days of Coverage: _____
only enter the additional # days requesting

UT System use only:

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