

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 with cc to PLI-Accounting@utsystem.edu.
7. For any questions, contact Deputy Plan Administrator, Victoria Cantu, at 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 \$ _____