

Medical Student Volunteer Activity
PLI Enrollment Instructions

1. At a minimum, the following procedures must be followed to be afforded legal defense counsel related to volunteer activity.
2. Applications will not be processed until all requested information is provided.
3. A signed copy of the Department Chair or Dean (as appropriate) approval letter must be attached. The letter can approve a maximum duration of up to 3 years, although PLI enrollment must be requested on an annual basis. Coverage is valid for all approved dates for the volunteer activity in the current enrollment year.
4. Volunteer Activity must be supervised by faculty.
5. Complete applications should be sent via e-mail attachment with subject line to include applicant name “(name) Volunteer Activity Coverage Notification” to Non-RoutinePLI@utsystem.edu.
6. For any other questions contact Deputy Plan Administrator, Victoria Cantu, at vicantu@utsystem.edu or 512-499-4628.

Medical Student Volunteer Activity PLI Enrollment Notification Form

Applicant Information

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

Institution: _____

Institution Unique Student ID# _____

Applicant Status: _____ Yr. in Medical School

Faculty Supervisor: _____

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

_____ / _____

Facility Information (*location of volunteer activity*)

Facility Name: _____

City: _____

County: _____ State: _____

_____ Beginning Date _____ Ending Date

____ Department Chair or Dean Approval (*must be attached*)

UT System use only:

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