Student Health Insurance Waiver Appeal Form 2012-2013

MCPHS – Student Financial Services Attn: Waiver Appeal Committee Phone: 617-732-2864 Fax: 617-732-2082

You may file a written appeal for consideration of a late waiver if an extenuating circumstance occurred which prevented you from waiving the insurance prior to the September 16th deadline. Please read the information below and complete this form. Please return the form by e-mail to <u>hannimaria.stadanlick@mcphs.edu</u>, by fax to 617-732-2082, or directly to Student Financial Services. You should expect to receive notification of approval or denial within <u>10</u> business days of the appeal form deadline.

Student Health Insurance Waiver Policies and Procedures for Students

According to the Commonwealth of Massachusetts and MCPHS policy, all Boston, Worcester and Manchester students (regardless of enrollment) must be covered by a comprehensive health insurance program. The College makes available a general health insurance program which meets these standards. This policy is provided by Blue Cross Blue Shield and administered by University Health Plans. The annual coverage begins September 1 and continues 12 months. Students are automatically enrolled in this plan unless a waiver is completed and received by Student Financial Services by September 16th. Students registering late must submit the waiver at that time. This deadline is enforced for benefits administration and enrollment management purposes.

THE DEADLINE FOR FILING THIS APPEAL FORM IS OCTOBER 16, 2012.

In order for your waiver appeal to be considered, all sections must be complete. Appeals received after the **October 16, 2012** deadline will not be considered. If you have utilized the insurance coverage, you are not eligible for an appeal or refund.

Student Name: _____

Student ID:Campus:	
Insurance Information: Name of Insurance Company	y:
Insurance Type (HMO, PPO, POS):	Telephone Number:
Policy Number:	Group Number:
Subscriber Name:	Subscriber Relationship:

Please use the space below to briefly state the nature of your request and circumstances of your case. Be detailed and specific. Attach documents if necessary.

AUTHORIZATION STATEMENT: By signing this form, I agree to allow the Waiver Appeal Committee to review my situation based on my student account history and above statement. I understand and agree that the decision of the Waiver Appeal Committee is final and binding.

Student Signature

Date