

Student Health Insurance Appeal Form Spring 2012 - Late Waiver

Southern Methodist University
Memorial Health Center
Attn: Krista Pruitt

Phone: 214-768-3408/3470
Fax: 214-768-2151

Students who missed the waiver deadline or whose waiver was denied for the SMU Student Insurance Plan may appeal in writing to the Student Insurance Appeals Committee.

Appeal for: _____
Print Name of Student

Term: _____ Student ID: _____
(Semester/year)

INSURANCE COMPANY INFORMATION

- Name of Insurance Company: _____
- Insurance Type (HMO, PPO, POS): _____
- Member Services Phone Number: _____

POLICYHOLDER INFORMATION

- Name of Policyholder: _____
(Usually a parent)
- Date of Birth of Policyholder: _____
- Group Number: _____
- Subscriber/Member ID Number: _____

APPEAL INSTRUCTIONS

1. **If you have utilized the insurance, you are not eligible for an appeal or refund.**
2. Appeal requests must be received in the Memorial Health Center
No later than 5:00 pm on Friday, February 17, 2012.
3. All approved appeals for late waivers are retroactive to the beginning date of coverage for the policy term. If approved you will have no SHIP coverage at all for the entire policy term in which you are applying for waiver.
4. Return this form along with a copy of the front and back of your current insurance card.

READ THE ENTIRE AUTHORIZATION STATEMENT BELOW, SIGN WHERE INDICATED, AND RETURN THIS FORM WITH ALL REQUIRED INFORMATION TO THE STUDENT HEALTH CENTER, ATTENTION: KRISTA PRUITT. YOU MAY ALSO FAX THE INFORMATION TO 214-768-2151.

IT IS THE STUDENT'S RESPONSIBILITY TO VERIFY THE FAX WAS RECEIVED.

AUTHORIZATION STATEMENT: By signing this form, I agree to allow the Student Insurance Appeals Committee to review my relevant student records to ascertain the disposition of my appeal. Such records may include class registration records, tuition records, claims and enrollment records and other records the Committee deems relevant to adjudicate my appeal. I agree to the Terms and Conditions noted above and I understand that information discussed by the Committee pertaining to my appeal will be held confidential as required.

I understand and agree that the decision of the Appeals Committee is final and binding.

Student Signature Student ID#
(Parent signature NOT accepted unless the student is under age 18)

Date

Student's SMU Email Address and Cell Phone#