

Southern Methodist University

Student Health Insurance Appeal Form

2014 SPRING LATE WAIVER

Southern Methodist University
Memorial Health Center
Insurance Office

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. An email will be sent to their SMU email informing the student of the committee's decision.

Please Print CLEARLY:

Appeal For: <i>(Print Name of Student)</i>	Last	First	Middle Initial
Term <i>(Semester/Year)</i>	Student ID #		

INSURANCE COMPANY INFORMATION

Name of Insurance Company	
Insurance Company Phone Number	

INSURANCE POLICY DETAILS

Student is listed on the policy as:	<input type="checkbox"/> Principal Subscriber <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Dependent
Date of Birth of Policy Holder: ___/___/___	<i>If student is not the principal subscriber, provide the name of the individual who is the policyholder: _____ (Usually Parent or Spouse)</i>
Insurance Policy/Group Number	
Insurance Member ID Number	

APPEAL INSTRUCTIONS

****Consideration of a Late Waiver Appeal requires ALL of these instructions to be followed completely.****

1. Return this form along with a copy of the front and back of your current insurance card.
2. Appeal requests must be received in the Memorial Health Center
No later than 5:00 pm on Friday, February 14, 2014.
(Copies cannot be made at the Health Center)
3. If you have utilized the insurance, you are not eligible for an appeal or refund.
4. 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.

READ THE ENTIRE AUTHORIZATION STATEMENT BELOW, SIGN WHERE INDICATED, AND RETURN THIS FORM WITH ALL REQUIRED INFORMATION TO THE STUDENT HEALTH CENTER, INSURANCE OFFICE. YOU MAY ALSO FAX THE INFORMATION TO 214-768-2151 OR SCAN AND EMAIL THE FORM AND REQUIRED DOCUMENTATION TO STUDENTHEALTHINSURANCE@SMU.EDU.

IT IS THE STUDENT'S RESPONSIBILITY TO VERIFY THE DOCUMENTATION 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 #	Date
<i>(Parent signature NOT accepted unless the student is under age 18)</i>		
Student SMU Email Address		Student Cell Phone #