UCONN
UNIVERSITY OF CONNECTICUT

REQUEST TO WAIVE THE UCONN STUDENT HEALTH INSURANCE AFTER DEADLINE

The University of Connecticut requires full-time students to maintain health insurance. As part of the process to ensure that students are insured, the University posts the charge for the UConn Student Health Insurance, (2018/19 Fall $3104.00/Spring $1968.00) to the tuition fee bill. Charges first appear in June (fall) November (spring). In the event a student has alternate insurance, that student is permitted to complete the online waiver, located at www.studentadmin.uconn.edu and must do so before September 15th (fall) February 5th (spring). Students that fail to complete the online waiver are automatically enrolled in the University sponsored insurance plan.

APPEAL: The completion of this form is a formal request to waive the student insurance charge after the stated deadline. As part of this request you will be required to complete the requested information below and provide a photocopy of the front and back of your non-UConn insurance ID card.

STUDENT LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

PEOPLESOFT ID: _____ Net ID: _____ CLASS YEAR: _____ EMAIL: _____

Please explain the circumstances that prevented the timely completion of the online Waiver:

_____

_____

_____

_____

_____

_____

With my signature I am requesting the appeal of the charge for the UConn Student Health insurance, AND if granted accept all financial responsibility that may be incurred through use of my private insurance plan.

STUDENT SIGNATURE: _____ DATE: _____

Please Note: Once the required documents are received, your case will be reviewed, and you will be notified in writing as to the determination of your request. Please allow a minimum of two weeks for completion of the process.

IMPORTANT: Requests to appeal fall charges will not be accepted once the semester that the charges were incurred has ended. Spring appeals will no longer be accepted after June 30th.

REQUEST TO APPEAL SHIP FORM