UCSF Health Insurance Denied Waiver Appeal Form
Academic Year 2016-2017

IMPORTANT: Please read the following to ensure you are eligible for this appeal.

• Your appeal must be submitted within ten (10) business days of the date of notice of denial. Appeals received after the ten (10) day grace period will not be considered.
• Appeals will ONLY be considered for the current term. Waivers granted on appeal will NOT be applied to any previous school term.
• Evaluation of your appeal will be based on University Health Insurance comparability guidelines in effect at the time of the original waiver application.

INSTRUCTIONS FOR THE APPEAL
(You will be notified of the status of your appeal within ten (10) business days after receipt of your complete appeal)

NOTE: Complete Sections A, B, and C. Appeal forms that are incomplete will not be considered for evaluation.

Section A (Student Information)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>MyAccess ID</th>
<th>DOB</th>
<th>Current Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Telephone Number</th>
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<th>Academic Program/Level</th>
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Term of Appeal (Check only one of the boxes)

☐ Fall Quarter 2016 ☐ Winter Quarter 2017 ☐ Spring Quarter 2017 ☐ Summer Quarter 2017

Signature Date

Section B (Insurance Information)

Insurance Company: ___________________________ Insurance Company Phone#: ___________________________

Member ID Number: ___________________________

Section C (Please provide the correct answer to the question(s) that denied your waiver. Please provide details you feel are important to consider in reviewing your appeal.)

(Please add additional pages as necessary)

OFFICIAL USE ONLY

<table>
<thead>
<tr>
<th>Appeal is Incomplete ☐</th>
<th>Appeal is Denied ☐</th>
<th>Appeal is Approved ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Emailed? Yes No</td>
<td>Student Emailed? Yes No</td>
<td>Approval done in WF site? Yes No</td>
</tr>
</tbody>
</table>

Appeal Evaluator Signature Date

UCSF Student Health and Counseling, 500 Parnassus Ave, Millberry Union, Level P8, Room 005, San Francisco, CA 94143
Phone: 415.476.1281 Fax: 415.476.6137