

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)

Last Name	First Name	MI	MyAccess ID	DOB
Current Address		City	State	Zip
Telephone Number		Email		
Academic Program/Level				
Term of Appeal (Check only one of the boxes)				
<input type="checkbox"/> Fall Quarter 2016 <input type="checkbox"/> Winter Quarter 2017 <input type="checkbox"/> Spring Quarter 2017 <input type="checkbox"/> 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					
Appeal is Incomplete <input type="checkbox"/>		Appeal is Denied <input type="checkbox"/>		Appeal is Approved <input type="checkbox"/>	
Student Emailed? Yes No		Student Emailed? Yes No		Approval done in WF site? Yes No	
Appeal Evaluator Signature				Date	