

# Virginia Tech Health Insurance Denied Waiver Appeal Form

Academic Year 2017-2018

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

- 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 Mandatory Health Insurance 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 completed appeal)

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

### Section A (Student Information)

|  |            |  |   |                  |
|--|------------|--|---|------------------|
| Last Name  | First Name | MI   | Telephone Number  | Hokie Passport # |
| Email  |            |  | <input type="checkbox"/> Are you a dependent on this insurance plan |                  |
| Student General Information                          |            | <input type="checkbox"/> DVM <input type="checkbox"/> J or F1 Visa |   |                  |
| <b>Term of Appeal</b> (Check all that boxes applies) |            |  |   |                  |
| <input type="checkbox"/> Fall Semester 2017          |            | <input type="checkbox"/> Spring Semester 2018                      |   |                  |
| Signature  |            |  | Date  |                  |

### Section B (Insurance Information)

Insurance Company: \_\_\_\_\_ Insurance Company Phone#: \_\_\_\_\_  
 Member ID Number: \_\_\_\_\_

**Section C** Please provide a copy of your Insurance Plan and a Summary of Benefits in English.

**Section D** Please provide details you feel are important to consider in reviewing your appeal.

(Please add additional pages as necessary)

### OFFICIAL USE ONLY

|                                |                                |                            |
|--------------------------------|--------------------------------|----------------------------|
| <b>Appeal is Incomplete</b>    | <b>Appeal is Denied</b>        | <b>Appeal is Approved</b>  |
| <b>Student Emailed? Yes No</b> | <b>Student Emailed? Yes No</b> | <b>Hold Remove? Yes No</b> |
| Appeal Evaluator Signature     |                                | Date                       |