

Virginia Tech Health Insurance Denied Waiver Appeal Form

Academic Year 2018-2019

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	
Term of Appeal (Check all that boxes applies)				
<input type="checkbox"/> Fall Semester 2018		<input type="checkbox"/> Spring Semester 2019		
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

Appeal is Incomplete	Appeal is Denied	Appeal is Approved
Student Emailed? Yes No	Student Emailed? Yes No	Hold Remove? Yes No
Appeal Evaluator Signature		Date