

**Student Insurance Program**

**Insurance Appeal Form**

Name:      Date:       Student ID:

Date of Birth:       Phone:       Email:

To meet Wake Forest University’s criteria for student health insurance, your health insurance plan must:

1. Have a lifetime maximum benefit of at least $1,000,000
2. Provide access to health care providers in the Winston-Salem, NC area (for Reynolda Campus students) or Charlotte, NC area (for Charlotte campus students), for emergency and non-emergency conditions, including mental health care. If you have an HMO and Winston-Salem or Charlotte, NC is out-of-network, your coverage does not meet our criteria. If your HMO offers guest privileges, you must contact your insurer to receive guest privileges and do so prior to waiving coverage.
3. Provide prescription drug benefits
4. Remain in effect for the academic year

International students with F or J visas will not have the option to waive from the Student Blue unless they are covered by a plan reviewed and approved by the University based on the criteria above. Additionally, the plan must be provided by a company licensed to do business in the U.S. with a (a) a U.S. claim payment office, (b) a U.S. telephone number, and (c) plan literature available in English. Travel policies are not accepted for waiver, nor are plans with extensive exclusions of coverage.

Please review the minimum benefit requirements listed above. These requirements are necessary to waive coverage under the Student Blue SM insurance plan. If you would like to appeal your enrollment into the insurance program, please provide the rationale for your appeal and the requested supporting information.

Provide the rationale for your appeal in the space below.

Current insurer name:

Insurer phone number:

Policyholder’s full name:

Policy number:

Relation to policyholder:

Along with this form, submit a copy of the benefit summary from the insurance provider.

Your typing of your full legal name below will be accepted as your signature, and further certifies that the information you have provided is true and correct. By typing/signing below, you also understand that any false, inaccurate or misleading statements made or information provided on this form will subject you to judicial action under the applicable WFU Honor Code or other disciplinary action that may result in termination of your enrollment at WFU.

Signature: