



## Connecticut College Student Health Insurance Appeal

### APPEAL TO WAIVE STUDENT HEALTH INSURANCE AFTER THE STATED DEADLINE

According to Connecticut College policy, all full-time students must be covered by health insurance. The College offers the necessary coverage through the Bailey Agencies. However, when a student already has the required coverage (directly or through a family coverage,) the College permits the student an option to waive the purchase of its sponsored policy. In early June Dean Briddell sent a letter to all parents and guardians explaining the College's policy regarding health insurance and included instructions for an on-line waiver of the Student Health Insurance with a deadline date of August 14, 2009. In July, 2009 the first billing for the 2009-10 academic year was mailed to students that included the charge for the Student Health Insurance. Each communication indicated that if the on-line waiver was not received from a student, by default, the student would be considered to have accepted the student health insurance and therefore the charge for insurance would remain due.

We recognize that there are sometimes extraordinary circumstances that could require an exception to the above process. If you wish to appeal your charge for Student Health Insurance coverage, you may use this form to appeal. The appeals committee is scheduled to meet early November.

Please complete the information below and return this form to the Student Health Insurance Appeals Committee c/o Connecticut College, Student Health Services 270 Mohegan Avenue, New London, CT 06320. Or Fax it to (860)-439-5430. The Appeals Committee will review your appeal and communicate directly with you regarding its decision.

***Please Note:*** *The submission of this form in no way represents our acceptance of your insurance in lieu of the student health insurance. The acceptance or denial of this request will be reviewed by the Appeals Committee and you will be notified of their decision by Jocelyn Briddell, Dean of Student Life.*

**STUDENT INSURANCE APPEAL - PRIVATE INSURANCE INFORMATION SHEET**

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Box: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

1. My plan is currently in force and will remain in force until 8/15/2010. Further I understand that if this Insurance Waiver is accepted by Connecticut College my insurance company may be contacted to confirm continuous coverage on a periodic basis. **Yes No**
  
2. If the Plan has a deductible in excess of \$500.00 the student has adequate financial resources available to pay for expenses subject to the deductible. **Yes No**
  
3. My plan provides both emergency and non-emergency health care and mental health care benefits in the New London County area. **Yes No**
  
4. My plan is a US based insurance company. **Yes No**
  
5. My plan has participating hospitals, pharmacies and mental health providers in the New London area. **Yes No**

Reason for Appeal: \_\_\_\_\_

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\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy, front and back, of insurance identification card.**