



Student Health Insurance Requirement Appeals Committee
Request for Reconsideration of Denied Waiver
2017-18

Emory University requires that all degree-seeking and international students either have health insurance or purchase the University-sponsored plan. In order to waive enrollment in the University-sponsored plan for 2017-18, a student must show evidence of enrollment in a United States domiciled health insurance plan that meets waiver criteria. However, some Emory students may have failed the waiver process (or failed to complete the process by the deadline date) and yet may feel that they should be exempted from this requirement. Therefore, the University has created a Student Health Insurance Requirement Appeals Committee, consisting of students, faculty and staff, to review and vote upon requests for reconsideration of denied waivers.

The committee will make every effort to decide upon appeals prior to the start of insurance coverage for Fall Semester 2017. However, should a student be charged for the Emory plan and the committee subsequently decides to grant the waiver after consideration of the appeal, the charge will be reversed by Student Financial Services. **The deadline for appeals is September 15, 2017, since this is the date that Emory will have to pay the insurance company the premium for your enrollment in the plan.**

Student Name: _____ **Date of Request:** ____/____/____

Emory Student ID#: _____ **Emory College or School:** _____

Academic Level: Freshmen Sophomore Junior Senior **Transfer Student?** Yes No

Student's Phone Number: (____) _____ **E-mail address:** _____

Please state below the reason(s) you believe that you should be exempted from the Emory student health insurance requirement despite failing (or failing to complete) the waiver process (attach additional sheets if necessary). If you are appealing because your current insurance coverage does not meet the waiver requirements, but you feel that it provides you with appropriate coverage, please attach a copy of your schedule of benefits (it is usually found in chart form in your insurance plan's brochure):

In order to assist the committee in reviewing your appeal/request to leave the Emory Student Plan, please also complete the additional information on Page 2. Please return this completed 2-page form and any additional attachments/supporting documents:

By standard mail to: *Emory University Student Health Services, Insurance Office, Attn: Appeals Committee, 1525 Clifton Road, Atlanta, GA 30322*, by email to: ktaylo2@emory.edu, or by fax to: 404-778-6668 or 404-727-7265.

If you have questions, please contact: Kimberly Taylor, Insurance Supervisor at ktaylo2@emory.edu or 404-727-7560.



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Additional information that will be used by the Appeals Committee to review your request:

Student name: _____ Emory Student ID# _____

Name of your insurance company _____

Individual annual deductible for the student: \$ _____ Family annual deductible (if applicable): \$ _____

Number of family members insured under the plan (including the student): _____

Policy Holder's Name: _____ Relationship to Policy Holder: _____

Policy Holder's ID # _____ Policy or Group # of Policy Holder: _____

Insurance Address or PO Box: _____

City/State/Zip Code: _____ Telephone #: (____) ____--_____

Are you eligible to enroll as a dependent on your parent's plan until the age of 26 under the Affordable Care Act? Yes No

Are you enrolling in a plan that is a part of the Affordable Care Act? Yes No

Does your insurance plan provide inpatient and outpatient coverage in Atlanta, Georgia? Yes No

Does your insurance have an individual annual deductible not greater than \$2,500 per policy year? If no, do you/family have an approved Healthcare Savings Account (HSA) to supplement the deductible expenses?
 Yes No

Is your insurance underwritten by a company domiciled in the United States? Yes No

If no, does your foreign insurance company have a United States partner that administers claims and payments?
 Yes No

If yes, what is the name of the United States claims administrator and where is it located?

Name: _____

Office Location (US City and State): _____