



**Student Health Insurance Requirement Appeals Committee**  
*Request for Reconsideration of Denied Waiver*  
*2009-10 (page 1)*

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 2009-10, 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 2009. 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, 2009, 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:** \_\_\_\_\_

**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, please also complete the additional information on the attached page. Please return this completed 2 page form and any additional attachments/supporting documents to:*

**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](mailto:ktaylo2@emory.edu), or by fax to: 404-712-2489.

**If you have questions, please contact:** *Kimberly Taylor, Insurance Coordinator @ [ktaylo2@emory.edu](mailto:ktaylo2@emory.edu) or 404-727-7560 or Michael Huey, MD, Executive Director of Student Health Services at [mhuey@emory.edu](mailto:mhuey@emory.edu) or 404-712-8652.*



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**Additional information that will help the Appeals Committee to consider  
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 or Group # of Policy Holder:** \_\_\_\_\_

**Policy Holder's Name:** \_\_\_\_\_

**Policy Holder's ID Number:** \_\_\_\_\_

**Insurance Address or PO Box:** \_\_\_\_\_

**City/State/Zip Code/ Tel#:** \_\_\_\_\_

**Does your insurance plan provide inpatient and outpatient coverage in Atlanta, Georgia?** \_\_\_\_ 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?** \_\_\_\_\_

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