

CASE WESTERN RESERVE UNIVERSITY

LATE WAIVER APPEAL REQUEST

The purpose of the enclosed form is to request the removal of the Student Medical Plan fee from your account. By completing this form, you are showing proof of alternate insurance coverage and therefore request the removal of the fee from your account. Your medical insurance must be in effect before the waiver deadline date. If your coverage was not in effect by this date or if you currently do not have alternate insurance coverage, you are not eligible to complete this form.

PLEASE FOLLOW THE STEPS OUTLINE BELOW:

1. **Complete the enclosed request.** Answer the questions thoroughly giving complete details as to why you were unable to waive the Medical Plan fee prior to the waiver deadline date.
2. **Attach proof of your current insurance coverage. Proof of coverage must include the date your insurance went into effect.** If this date is not printed on your medical card, you will need to get a letter from your insurance company or from the employer stating the effective date of coverage. **We will not call your insurance company and/or employer to obtain this information on your behalf.** Without an effective date, this request will not be processed
3. **Return the completed forms to the University Health Service in the envelope provided by mail or drop it off.** The Health Service hours of operation: M - F 8:30 a.m. - 4:30 p.m. with the exception of Thursday when the Health Service opens at 9:30 a.m.

You will receive a response by mail and if approved, this request will remove the fee from the Medical Plan only. Any late charges will not be removed.

If you have any questions, please contact Louise Matchett, University Health Service (216) 368-3050.

