

Student Health Insurance

Late Waiver Appeal Form

**Fall 2022**

Student Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name First

Z-ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Appeal Instructions**

1. Please be advised that filing an appeal does not guarantee that your appeal will be approved.
2. Appeals **will not** be accepted for students who have claims paid or pending since the first day of insurance coverage for this semester (8/1/2022-12/31/2022).
3. Students **must submit an explanation** explaining the extenuating circumstances that prevented them from complying during the published deadline period and notices to waive the NIU health insurance. This must be written and signed by the student. *Not reading your email is* ***not*** *an extenuating circumstance*.
4. A **copy of the student’s health insurance ID card** must be submitted with the Appeal. This insurance must meet our requirements to cancel the NIU student insurance plan.
5. If approved, all appeals are retroactive to the beginning date of coverage for the policy term – 8/1/2022 and the student will receive a full refund of the insurance fee.

# **Terms & Conditions**

Appeal requests must be received by the Student Health Insurance office no later than **11/30/22**. You may email ([studentinsurance@niu.edu](mailto:studentinsurance@niu.edu)) or fax 815-753-9599.

By signing this form, I agree to allow the Student Health Insurance Appeals committee to review my relevant student records to ascertain the disposition of my appeal. Such records may include class registration records, tuition records, claims and enrollment records and other records the Committee deems relevant to adjudicate my appeal. I agree to the Terms and Conditions noted above, and I understand that the information discussed by the Committee pertaining to my appeal will be held confidential as required.

**All correspondence will be sent to the NIU student Z-ID email.**

**\_\_\_\_\_\_ I understand and agree that the decision of the Appeals Committee is final and binding.** Initial

Signature Date

815-753-0122 • Fax 815-753-9599 • [studentinsurance@niu.edu](mailto:studentinsurance@niu.edu) • [go.niu.edu/shi](https://go.niu.edu/shi)   
ord/jdrive/froms/late appeal form