



**Campus Health**  
TULANE UNIVERSITY

## Student Health Insurance Waiver Appeal Form

Attn: Waiver Appeal Committee

You may file a written appeal for consideration of a late waiver if an extenuating circumstance occurred which prevented you from waiving the insurance prior to the waiver deadline of the respective academic semester. Please read the information below and complete this form. Please return the form by submitting through [Let's Talk](#). You should expect to receive notification of approval or denial from the committee within 10 business days of the appeal submission.

Students who have claims paid or pending since the first day of insurance coverage will not have their appeal accepted.

A copy of the health insurance ID card, front and back, must be submitted with this form. If the ID card is not provided, the request will not be escalated to the committee.

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

Student ID: \_\_\_\_\_

**THE DEADLINE FOR FILING THIS APPEAL FORM IS September 15<sup>th</sup> or March 1<sup>st</sup>.**

For your waiver appeal to be considered, all sections must be complete. Appeals received after the September 15<sup>th</sup>/March 1<sup>st</sup> deadline will not be considered.

Please use the space below to briefly state the nature of your request and circumstances of your case. Be detailed and specific. Students must submit a copy of both sides of the student's health insurance ID card with the appeal. The insurance must meet all University insurance requirements to cancel T-SHIP.

**AUTHORIZATION STATEMENT:** By signing this form, I agree to allow the Waiver Appeal Committee to review my situation based on my student account history and above statement. I understand and agree that the decision of the Waiver Appeal Committee is final and binding.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date