

# STUDENT HEALTH INSURANCE FEE EXCEPTION REQUEST

**Students who purchase annual insurance and leave the University after the Fall semester are covered for 12 months, if they meet the enrollment criteria during the Fall semester.** If you plan to graduate or otherwise leave the University after the Fall semester, you may request to be charged for the Fall only by completing this form. The deadline to submit this form is September 1<sup>st</sup>. Requests will not be accepted after the deadline.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Student ID# \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Local Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Reason for exception:

\_\_\_\_ Graduation (letter from department must accompany request)

\_\_\_\_ Transfer (letter of acceptance at transfer institution must accompany request)

\_\_\_\_ IEEP Fall Only

\_\_\_\_ Other, please explain: \_\_\_\_\_

I hereby request to be charged for Health Insurance for the Fall semester only and understand that if I remain at the University after the fall semester I may be charged for Spring/ Summer coverage and may be subject to a higher total annual charge. Although the Spring/ Summer charge may be automatically processed, it is my responsibility to verify that it has been charged and that my fees have been paid in order to assure continued coverage.

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

This request may be mailed or faxed to:

University of Miami  
Student Health Service  
5513 Merrick Drive  
Coral Gables, FL 33146-5310  
Telephone: (305) 284-1652 Fax: (305) 284-4905

**Exceptions are granted after verification of the information presented. Final processing can be verified via MyUM.**

Annual Fee Waived by: \_\_\_\_\_ Date: \_\_\_\_\_ Fall Fee Charged by: \_\_\_\_\_ Date: \_\_\_\_\_

Annual Fee Credited by: \_\_\_\_\_ Date: \_\_\_\_\_