

STUDENT HEALTH INSURANCE REINSTATEMENT REQUEST

This form is for students who waived the University sponsored student insurance for the current academic year to reinstate annual coverage when requested prior to October 10th, or to reinstate Spring/ Summer coverage when requested prior to March 5th.

For reinstatement after the above deadlines contact Wells Fargo Services 1-800-853-5899.

Today's Date: ____/____/____ Reinstatement Effective: Fall ____ Spring ____ Yr ____

Student Name: _____
(Last) (First) (M.I.)

Mailing _____
Address: _____

Telephone #: _____ E-mail: _

Student I.D: _____

My signature at the end of this statement certifies the accuracy of the preceding information and confirms my request to reinstate automatic charges for University of Miami Student Health Service Health Insurance coverage for the designated term and as long as eligibility continues during the remainder of my enrollment at the University.

I understand that continuation of the charges for insurance and continuation of coverage are contingent upon maintaining eligibility for coverage, and that if I wish to maintain coverage, it is my responsibility to verify continuation of such eligibility.

Student signature (parent's signature if student is under the age of 18 years)

The insurance charge must be paid within 5 days of it appearing on your student account. Insurance coverage will not be effective until the insurance charge and all other pending charges have been paid in full.

Please email or fax the completed form to studenthealth@miami.edu (Fax) 305-284-4905.
