

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 1st. 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 sent via mail, fax, or email to:

University of Miami
Student Health Service
5555 Ponce de Leon Boulevard
Coral Gables, FL 33146-5310
Telephone: (305) 284-5921 Fax: (305) 284-4905
Email: studenthealth@miami.edu

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