

STUDENT HEALTH INSURANCE PROGRAM LATE ENROLLMENT / WITHDRAWAL APPEAL For Autumn Term 2009

You may file a written appeal for consideration for either late withdrawal or enrollment if a processing error by the University or an extraordinary, personal circumstance occurred which prevented you from taking action during the enrollment window. Please read the information below and then complete the reverse side of this form. Return the completed form by email to shi_info@osu.edu, fax to 614-292-1170, or mail to SHIP, 1100 Lincoln Tower, 1800 Cannon Drive, Columbus OH 43210. You should expect to receive an e-mail notification of approval or denial within fifteen business days of receipt. Please check your University e-mail account for a response.

Student Health Insurance Program Late Enrollment or Withdrawal Policies & Procedures for Students

Students must enroll in or withdraw from the Student Health Insurance Program by the published deadline of their initial academic term each year. For AU09 quarter, the deadline was September 25, 2009 (August 10, 2009, for Law Autumn Term). This deadline is the end of the 'open enrollment' period when students have the option to enroll in or waive out of coverage. Students may only withdraw from coverage in their 1st term of enrollment each academic year. This deadline is strictly enforced for benefits administration and enrollment management purposes.

Late Withdrawal:

- Your Fees & Deposits account shows you did not waive Student Health Insurance during your registration period for this term.
- Changes to your insurance coverage must be made by the published deadline of your initial term of the academic year. The published deadlines are posted on the Student Health Insurance website, www.shi.osu.edu.
- If Student Health Insurance is on your Fees & Deposits account after the published deadline of the term, whether paid or not paid, you have Student Health Insurance coverage for the term. If not paid, the fee is now due and may be transferred to Accounts Receivable for collection.

Late Enrollment:

- Your Fees & Deposits account shows you did not select Student Health Insurance during your registration period for this term.
- If the Student Health Insurance charge is not on your Fees & Deposits account by the published deadline of the term, whether paid or not paid, you do not have Student Health Insurance coverage for the term.
- You may enroll in coverage for next term, if eligible, during registration using your online "Student Center".
- For coverage during this interim period you may contact Gallagher Koster Insurance at 800/254-2461 for more information about other coverage options.

Changes in Coverage Status:

Students can only change their Coverage Status (i.e. adding or deleting dependent coverage) if there is a qualifying event. If you have experienced a qualifying event since the published deadline, such as marriage, birth, adoption, involuntary loss of insurance, or have a dependent arriving for the first time from a foreign homeland or returning to a foreign homeland, you may be eligible to change your insurance enrollment selection by submitting a Coverage Status Change Form. The form can be downloaded from www.shi.osu.edu and should be submitted to Gallagher Koster Insurance Agency. You may also contact Gallagher Koster Insurance Agency directly at 1-800-254-2461.

Prompt filing of an appeal is encouraged.

In no case, will appeals be accepted beyond 4 quarters or 3 semesters (LAW) from the term in question.

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PRINT LEGIBLY

SECTION I

OSU Student ID Number _____
(Go to www.buckeyelink.osu.edu and click on the "Look Up Your OSU ID Number" link to find your 8 or 9 digit Student ID number.)

Student's Last Name _____ First _____ MI _____ Date of Birth ____/____/____

Address _____ Apt. # _____ City _____ State _____ ZIP _____

OSU Email (required) _____ Telephone(____)____-____

Campus (Main, ATI, Marion, Etc.) _____ College or School (UVC, MED, ASC, Etc.) _____

SECTION II

Please read and ✓ the appropriate appeal request below and signature.

I am requesting late enrollment in and payment for the Comprehensive Student Health Insurance Program for ***Autumn Term 2009***. I realize if this request is denied I am fully responsible for all otherwise covered expenses incurred during the term. I understand there is no pro-ration of the premium (the coverage period will be in effect for the entire term/coverage period if approved).

I am requesting late withdrawal from the Student Health Insurance Program for ***Autumn Term 2009***. I have not utilized the Student Health Insurance Program (incurred health care claims) for this coverage period. I understand this request will not be honored if claims have been paid. I understand there is no pro-ration of the premium (the coverage period will not be in effect for the entire term/coverage period) and I waive the Student Health Insurance Program coverage for this term if approved. **I have included a copy of my health insurance card that proves that I have comparable coverage for the term indicated.** International students must submit the International Student Health Insurance Waiver form with this request.

Signature of Student _____ Date ____/____/____

SECTION III

Use the space below to briefly describe the University error or personal circumstance, which prevented you from enrolling or withdrawing by the deadline. Attach documents to substantiate your request.

FOR OFFICE USE ONLY

Rec'd ____/____/____ Denied Approved N/A By: _____ Date ____/____/____ Reason Code _____
F&D notified IN: ____/____/____ Student ____/____/____ Email Letter Both Record # _____ 09292009