

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 10th**. Request will **not** be accepted after the deadline.

Date: ____/____/____ EMPLID ID# _____

First Name: _____ Last Name: _____ M.I: _____

Local Address: _____

Telephone #: _____ UM E-mail: _____

Reason for exception:

Graduation (letter from department must accompany request)

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

Other: Remote (Outside of United States, letter from department) Study Abroad (letter from program)

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 is have been charged and that my fees have been paid in order to assure continued coverage.

Student Signature: x _____

This request may be sent via email to:

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

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