UNIVERSITY OF MIAMI

STUDENT HEALTH INSURANCE REINSTATEMENT REQUEST FOR MEDICAL STUDENTS

This form is designed to reinstate automatic charges for health insurance coverage offered through Aetna. This will void prior requests for fee waiver and will result in automatic charges for insurance coverage for the current term, and as long as eligibility continues during the remainder of your enrollment at the University. **Reinstatement may be requested within 30 days of termination of prior similar insurance coverage (proof of termination must be provided) or at the beginning of the new calendar year (January 1). Deadline to reinstate for the Summer/Fall is September 1.**

Today's Date: _____/_____/_____

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 UnitedHealthcare coverage for the designated term and as long as eligibility continues during the remainder of my enrollment this academic year 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

Please return both pages of this form. Please do not expect coverage to be in force for any term unless the insurance charge has been applied to your account and all charges to your account have been paid in full. Charges must be paid within one week after the insurance charge has been posted to your account.

This reinstatement of health insurance form may be faxed or emailed to studenthealth@miami.edu

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

Student Name _____

Student I.D: _____

Date of Birth: _____

Reason for Reinstatement:

☐ Age

☐ Changed Mind

☐ Other _____

Did you have prior insurance coverage? Yes _____ No _____

- - If yes, what was the name of the Carrier/Health Plan_____

- - If yes, when did/does the policy terminate? _____

- - Reason for termination. _____

Do you understand that the student insurance policy has exclusions, limitations and a pre-existing clause? Yes _____ No _____