



Center for Student Health & Counseling
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PSU Student Health Insurance Plan Request for Consideration

Request for Consideration Overview

This form is only to be used for students who completed an insurance waiver and it was denied for either not meeting university criteria OR was audited and found not to meet university criteria.

The PSU Student Health Insurance Plan Request for Consideration form must be fully completed and received by the SHAC Insurance Team within ten (10) business days following the PSU Student Health Insurance Waiver Deadline or insurance audit.

All Requests for Consideration forms are reviewed by SHAC executive leadership and the SHAC Insurance Team. You will be notified of the result at the email address you provided on this form within fourteen (14) business days of the receipt of your Request for Consideration form.

Please note that dissatisfaction with the university's policy, with the waiver process, with the cost of the Student Health Insurance Plan, or missing the health insurance waiver deadline is not grounds for consideration.

Instructions

- Complete Request for Consideration Form (**See page 2**)
- Provide a supplemental typed or handwritten description of why you are requesting an exception.
- Provide a copy of the front/back of your insurance card and benefit summary (showing deductible and hospital coverage amounts). If you have OHP or VA services, you do not need a benefit summary.
- If you have a Health Savings or Flex Account, please provide proof that it is funded (you may cross out personally identifying information).
- Put your PSU ID # and name on all documentation.
- Submit the form with your supporting documentation by emailing insurancehelp@pdx.edu, or fax it to SHAC at 503) 725-5812 attn: Insurance Team.

By signing below, I confirm that all submitted information is accurate to the best of my knowledge.

Student Signature: _____ **Today's Date:** ____/____/____

Reasons for Your Request

I am requesting consideration of my health insurance plan based on the following: (check all that apply)

- I am graduating from PSU within 3 terms
- I have established providers I use regularly who are not in the PacificSource Voyager or First Health network
- The Open Enrollment period for my health plan is not until: _____ (date)
- Other: _____

Student Information

Student's Name: _____ Today's Date: ____/____/____

PSU ID #: _____ PSU Email Address: _____

Estimated Term/Year of Completion at PSU - Academic Term: _____ Year: _____

Please choose which group you identify with: (check one)

- Domestic Student International Student

For which term this year are you seeking consideration of your waiver? (check one)

- Fall Winter Spring/Summer Summer Only

Waiver Code #: _____ (Waiver Code # found on your waiver confirmation page)

I receive my health insurance coverage through a/an: (check one)

- Employer OHP
- Parental/Family Plan Other: _____

Are you the primary policy holder (subscriber) on the plan? (check one)

- Yes No

If no, primary policy holder's relationship to you: _____ (i.e. parent)

How many people are covered by your health insurance plan? (check one)

- Just me
- Me and my family – Please indicated total number of family members covered: _____

I have the following in addition to my private health insurance plan: (check all that apply)

- A FUNDED Health Savings or Flex Spending Account (HSA/FSA)
- A Secondary Health Insurance Plan