



**Center for Student Health & Counseling**  
1880 SW 6<sup>th</sup> Avenue, UCB Suite 200  
Portland, OR 97201  
503.725.2495 (P) 503.725.5812 (F)



## PSU Student Health Insurance Plan Request for Consideration

### Request for Consideration Overview

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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 Request 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 ten (10) business days of the receipt of your Request for Consideration form.

Please note: dissatisfaction with the university's insurance policy, including the waiver process, the cost of the Student Health Insurance Plan, or missing the insurance waiver deadline will not be grounds for consideration.

### Instructions

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- 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 to provide 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](mailto: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 (you may handwrite or type your appeal here or on a supplemental page)

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## Student Information

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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: \_\_\_\_\_

My next open enrollment is: \_\_\_\_\_

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