



Center for Student Health & Counseling
1880 SW 6th Avenue, Suite 200
Portland, OR 97201
503.725.2800 (O) 503.725.5812 (F)



PSU Student Health Insurance Plan Appeal for Missed Insurance Waiver Deadline

Overview and Agreement to Terms

For information on SHAC's Waiver Deadline Appeal policy go to: <https://www.pdx.edu/health-counseling/missed-waiver>

Initial next to each item to indicate your understanding of and compliance with the terms and conditions of the missed insurance waiver deadline appeal process:

1. _____ I understand that I am granted **ONE** Missed Waiver Deadline Appeal (whether approved or denied) for the duration of my enrollment at PSU.
2. _____ I understand that if I used the PSU Student Health Insurance Plan this term, including labs and pharmacy, PacificSource will request a refund. It is my responsibility to repay or submit those claims to my own private insurance.
3. _____ I understand that if my health insurance policy coverage does not meet the waiver criteria or if my private health insurance has not been active since the beginning of the applicable term, I will not be permitted an approval of this appeal.
4. _____ I understand this form must be returned to the Insurance Team in the Center for Student Health & Counseling (SHAC) by the due date listed on the link above for the term in question. Appeal forms submitted after this day will **not** be considered.
5. _____ I understand I will be notified of the Missed Waiver Appeal determination within fourteen (14) business days from the date the appeal form was received by SHAC. If approved, I will receive an email from Academic Health Plans (AHP) with a link to complete the online waiver.
6. _____ I understand that it is my responsibility to read all communication regarding student health insurance, the waiver process and deadlines, or any other health-related information, which are **sent to my PSU email account**. I also understand that I have the option to forward my PSU email account to my private account at any time.

Submit the completed appeal form to SHAC in one of the following ways:

- Email a scanned completed form to insurancehelp@pdx.edu
- Deliver it to SHAC in the University Center Building (UCB) Suite 200, 1880 SW 6th Avenue
- Fax it to Attention: SHAC Insurance Team, 503.725.5812

Your Information

Name: _____ PSU Student ID #: _____ Date of Birth: ____/____/____

PSU Email Address: _____ Academic term chosen to appeal (check one):

☐ Fall

☐ Winter

☐ Spring/Summer

☐ Summer Only

My signature represents my understanding of the above stated Terms and Conditions, and that all the information provided on this appeal form is accurate to the best of my knowledge.

Student Signature: _____

Today's Date: _____