PSU Student Health Insurance Plan
Request for Consideration of a Denied Waiver

This form is only to be used for students whose insurance plans do NOT meet PSU’s 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 (see Academic Calendar).

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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Today’s Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID#:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>PSU Email:</td>
<td>Estimated Term/Year of Graduation or Completion at PSU: Term: _______ Year: _______</td>
</tr>
<tr>
<td>Check One:</td>
<td>Check One:</td>
</tr>
<tr>
<td>Graduate □ Post-Bac</td>
<td>Domestic Student □ International Student</td>
</tr>
<tr>
<td>Undergraduate □ Not Fully Admitted</td>
<td></td>
</tr>
<tr>
<td>For Which Term This Year Are You Seeking Consideration of Your Waiver? (check one)</td>
<td>Waiver Transaction #: ____________________</td>
</tr>
<tr>
<td>Fall □ Winter □ Spring/Summer □ Summer Only</td>
<td></td>
</tr>
<tr>
<td>Check One:</td>
<td>Are You the Primary Subscriber on Your Plan?</td>
</tr>
<tr>
<td>I receive my health insurance coverage through a/an</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Employer □ Parental/Family Plan □ OHP</td>
<td>□ No. If No, the Primary Subscriber’s Name: ____________________</td>
</tr>
<tr>
<td>Other ______________________</td>
<td>Relationship to You: ____________________</td>
</tr>
<tr>
<td>How many people are covered by your health insurance plan? (check one only)</td>
<td></td>
</tr>
<tr>
<td>Just me. □ Me and my family. Please indicate total number of family members covered: ________</td>
<td></td>
</tr>
<tr>
<td>Check All That Apply: I have the following in addition to my private health insurance plan:</td>
<td></td>
</tr>
<tr>
<td>□ a Health Savings or Health Flex Account (HSA/HFA) □ a Secondary Health Insurance Plan</td>
<td></td>
</tr>
</tbody>
</table>

Continue to page 2 for further instructions and information.
INSTRUCTIONS

- Complete the required information on page 1.
- Carefully read through and complete Steps 1-3 before submitting this form.
- Once you have completed Steps 1-3, submit this fully completed form with your supporting documentation to the Insurance Team at the Center for Student Health & Counseling (SHAC) Insurance Team in one of the following ways:
  - Email to insurancehelp@pdx.edu
  - Deliver to SHAC in the University Center Building at 1880 SW 6th Avenue, Suite 200
  - Fax to Attention SHAC-Insurance Team at 503-725-5812
  - Mail to PSU-SHAC, Attention: SHAC-Insurance Team, PO Box 751, Portland, OR 97207 (least preferred)
- A signed Federal Education Rights and Privacy Act (FERPA) Release Form must be submitted with this form if you would like members of the SHAC Insurance Team to be able to provide specifics about your student record with someone other than you. The form can be found at: www.pdx.edu/shac/sites/www.pdx.edu.shac/files/FerpaReleaseForm.pdf

Step 1: Identify the Reason for Your Request for Consideration
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 a chronic health condition.
☐ I have established providers I use regularly who are not in this plan’s network.
☐ The Open Enrollment period for my health plan is not until ________________.
☐ Other: ____________________________________________________________.

Step 2: Supporting Documentation
- Provide a typed explanation of your request in no more than 500 words. Make sure your name and PSU ID number are included on your typed explanation
- Include any documentation to support your request:
  - The Plan Benefit Summary of your current plan including information regarding an individual/family deductible, hospital coinsurance, and individual/family out of pocket maximum.
  - The most recent statement of your Health Savings/Flex Account that supplements a high deductible plan (personally identifying information may be crossed out).

Step 3: Double Check
I have done/verified the following and am ready to submit my request form:
- The Request for Consideration Form is fully complete including the requested information on page 1.
- I attached a typed, 500-word or less justification for my Request for Consideration.
- I attached additional supporting documentation, including a copy of my health insurance Benefit Summary.
- All documentation includes my name and PSU ID number.
- I made copies of what I am submitting for my records.
- (Optional) I included a signed FERPA Release Form for Student Health Insurance so my information regarding the PSU Student Health Insurance Plan and the waiver process can be shared with my designee.

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

______________________________________________
Student Signature

Date

OFFICE USE ONLY: Date Form Received: __________ Received By: __________ Form Review Date: __________
Date Responded to Student: __________

☐ Request Approved for ☐ ________ Term ☐ ________ Academic Year
Reason for Approval (check all that apply): ☐ Continuity of Care ☐ Family Plan ☐ Other (if other, note below)
Additional Notes: ___________________________________________________________________________________
________________________________________________________________________________________

☐ Request Denied: Additional Notes: ___________________________________________________________________________________
________________________________________________________________________________________