



# ITU

**International Technological University**

2711 North First Street - San Jose, CA 95134

Phone 888.488.4968

www.itu.edu

## Student Health Insurance Waiver Appeal Form

### IMPORTANT

- Appeals will ONLY be considered for the current trimester. Waivers granted on appeal will NOT be applied to any previous school trimester.
- Evaluation of your appeal will be based on University Health Insurance comparability guidelines in effect at the time of the original waiver application.

### INSTRUCTIONS FOR THE APPEAL


Deadline for wavier appeal is **May 29<sup>th</sup> 2015**. All Waiver appeals must be turned in by May 29<sup>th</sup> 2015. You will be notified of the status of your appeal after the wavier appeal has been processed. If your appeal is approved, the insurance fee will be removed from your Student Account within 10 business days of the approval.

**NOTE:** Appeal forms that are incomplete will not be considered for evaluation.

**Please email your appeal request to:**  
**hr\_rep@itu.edu (email)**

1. Completed Appeal form. AND
2. Any other supporting documents, including your private insurance policy describing plan benefits/exclusions, etc.

### Section A (Student Information)

Last Name	Bhat	First Name	Kalya	MI	Archana	Student ID	87271	DOB	09/05/1990	
Visa Type (Check only one of the boxes. If not listed please write in besides Other.)										
F1 *	J1	H-1B	H4	US Citizen		Other:				
Current Address	950 Meridian Avenue, Apt 65			City	San Jose	State	CA	Zip	95126	
Telephone Number (where we can reach you)				Email (this is where we'll send our response to your appeal)						
(408) 455-2040				archibhat.k@gmail.com						
Term of Appeal (Check only one of the boxes)										
Fall ( *	Spring (	Summer (	Year <b>2015</b>							
Student Signature 					Date					08/05/2015

**Section B** (State the reason for your appeal. Be as specific as possible. You may attach a separate page if needed.)



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