



Beech Street
A VANT NETWORK



Aetna Global Benefits®
PPO

WORLD BANK GROUP
MEDICAL INSURANCE PLAN

GRP: 720388-11-001

ID 0000 18837-03
CHRISTOPHE DOCK

UNRESTRICTED CHOICE
OF PROVIDERS, WITH
OUT-OF-NETWORK
PLAN PROVISIONS.
SEPARATE PREFERRED
RX ID CARD.

O/V \$15

FOR MEMBER SERVICES
OR DIRECT DIAL
FAX

1-800-723-8897
1-202-473-8666
1-859-425-3363

PAYOR NUMBER 60054 0049

WWW.AETNA.COM OR WWW.AETNA.COM/AGB

Email: mclaims@aetna.com

This Group Health Benefits Plan is administered by Aetna Life Insurance Company. While coverage remains in force, members are entitled to benefits under the applicable plan, subject to exclusions and limitations.

Providers: This card does not guarantee coverage. Verify member eligibility by calling our office at 1-800-723-8897 or Direct Dial at 1-202-473-8666.

Members: Precertification of U.S.A. hospitalization may be required to receive full benefits. U.S.A. Emergency admissions must be certified within 48 hours.

Submit Benefit Reimbursement by Fax to 1-813-775-0625 or mail to U.S.A.:

AETNA

P.O. BOX 14199

LEXINGTON

KY 40512-4199

AT0152

University of California Student Health Insurance Plan (BERKELEY SHIP)
APPEAL OF WAIVER DENIAL

INSTRUCTIONS: Please read this material below before filing an Appeal:

1. If your Waiver Application was denied because you missed the final waiver application deadline for Fall (9/15/15), DO NOT FILE AN APPEAL. Appeals will not be considered for students missing the waiver deadline.
2. Your appeal must be submitted within ten (10) days of the date of denial. Appeals received after the ten day grace period will not be considered. Enclose a copy of the Waiver Application Denial.
3. Appeals will be considered for the current term only. Waivers granted on appeal will NOT be applied to previous school terms.
4. Evaluation of your appeal will be based on comparability guidelines in effect at the time of the original waiver application.

SECTION A: Student Information (please print legibly)

- ☐ New Undergraduate ☒ Continuing Undergraduate ☐ New Graduate ☐ Continuing Graduate
☐ Fall Extension Freshman ☐ EWMBA or MFE ☐ Summer LLM

Last Name <u>Dock</u>	First Name <u>Christopher</u>	MI <u>B</u>	Student ID <u>2431135</u>	DOB <u>07/26/1995</u>	Confirmation Number <u>2947761</u>
Current Address <u>4801 Folsom Ave</u>		City <u>Chevy Chase</u>	State <u>MD</u>	Zip Code <u>20815</u>	Telephone Number <u>240 507 8479</u>
Email Address <u>cbartondock@gmail.com</u> <u>or @berkeley.edu</u>		(OPTIONAL) Are you on Financial Aid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Please check with the financial aid department to see if SHIP has been included in your aid package before submitting your appeal. UHS will prioritize waiver appeals for Financial Aid recipients to minimize the impact on your financial aid package.			

Term of Appeal: ☒ Academic Year 2015-2016 ☐ Spring/Summer Group 2015

In the space provided below (and on back of this form, if necessary) state the nature of your request and circumstances of your case. Please be detailed and specific. Type or write legibly.

ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK) AND THE STATEMENT/SUMMARY OF BENEFITS PROVIDED BY YOUR HEALTH INSURANCE PLAN. INTERNATIONAL PLANS MUST ATTACH A COPY OF THE ENTIRE POLICY WRITTEN IN ENGLISH AND USD. APPEALS THAT ARE SUBMITTED WITHOUT THIS DOCUMENTATION WILL BE DENIED.

Return to: Student Health Insurance Office
Tang Center, UC Berkeley
2222 Bancroft Way, Room 3200
Berkeley, CA 94720-4300
FAX: (510) 642-9119
Email: uhs waivers@lists.berkeley.edu

Dear Insurance Coordinator:

Your online system yet a gain
denied my perfectly good insurance.
Since my insurance hasn't changed, I fully
expect that, as happened last year, my appeal will be accepted.

I attest that the above information is true and accurate to the best of my ability.

APPLICANT'S SIGNATURE Chris Dock DATE 7/1/2015

OFFICE USE ONLY:

Waiver Appeal ☐ Approved ☐ Not Approved Initial _____

Reason _____

SHIO-Staff:	Late Fee:	Waiver DB:	OR:	Date:	Audited By:	Pass:	Date:
_____	Y N	Y N	Y N	_____	_____	Y N	_____