

Idaho State University  
Student Health Insurance  
921 S. 8<sup>th</sup> Stop 8375  
Pocatello, ID 83209  
(208) 282-2972  
fax (208) 282-4036

**PETITION TO APPEAL SHIP FEE: SPRING, 2012**

Students who wish to submit an insurance waiver after the semester deadline or whose waiver has been denied, must complete the following form. **Appeals are accepted only for the fees assessed in a current semester. Appeals cannot be filed for fees from previous semesters.** You will be notified if your appeal has been approved or denied via email.  
The decision is FINAL.

---

In addition to this form, you must attach a Letter of Verification that identifies your insurance carrier, active coverage dates and benefits (the coverage must be for the whole semester) The Letter of Verification must be completed by your insurance representative.

Completed Appeal Forms and supporting documentation must be turned into the Student Health Center

---

**Student Information**

Last Name \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student ID \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Phone Number of Insurance Company \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Date of Birth of Policy Holder \_\_\_\_\_  
Policy/Group Number \_\_\_\_\_ Member/Subscriber Number \_\_\_\_\_

PLEASE STATE THE REASON YOU ARE SUBMITTING AN APPEAL AFTER THE WAIVER DEADLINE OR REASON FOR APPEAL:

---

---

---

---

---

Signature: \_\_\_\_\_ Appeal Date \_\_\_\_\_

---

**OFFICE USE ONLY**

Approval \_\_\_\_\_ Denial \_\_\_\_\_ Date Notified: \_\_\_\_\_

Notified by: \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_