



# ITU

**International Technological University**

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## 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

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 15 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)

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Student ID</b>	<b>DOB</b>
<b>Visa Type (Check only one of the boxes. If not listed please write in besides other.)</b>				
<b>F1</b> <input type="checkbox"/>	<b>J1</b> <input type="checkbox"/>	<b>H-1B</b> <input type="checkbox"/>	<b>H4</b> <input type="checkbox"/>	<b>US Citizen</b> <input type="checkbox"/>
<b>Other:</b> _____				
<b>Current Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number</b> (where we can reach you)			<b>Email</b> (this is where we'll send our response to your appeal)	
<b>Term of Appeal</b> (Check only one of the boxes)				
<b>Fall</b> <input type="checkbox"/>	<b>Spring</b> <input type="checkbox"/>	<b>Summer</b> <input type="checkbox"/>	<b>Year</b> _____	
<b>Student Signature</b>			<b>Date</b>	

**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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