

2019-2020 Waiver Appeal Request Acknowledgment of Appeal Limitation Form



Name	
UK ID	
Email	
Phone	

For your safety, UK requires qualifying health coverage for all international students. In rare circumstances, exceptions will be considered for students with extraordinary circumstances.

Choose one:

- I am requesting a Fall 2019 Waiver Appeal (August 15, 2019 – December 31, 2019)
- I am requesting a Spring/Summer 2020 Waiver Appeal (January 1, 2020 – August 14, 2020)

Choose one:

- I was unaware of my enrollment in, or was erroneously enrolled in a zero-credit hour course by my academic department.

Must attach:

- Letter from department official detailing circumstances resulting in course enrollment without the student's knowledge

- Due to a serious medical emergency, I was not able to submit my qualifying alternate health coverage in a timely manner in the AHP Waiver System.

Must attach:

- Documentation of alternate health coverage: ID card **and** document from company including your name and coverage dates (coverage must meet or exceed UK's Health Coverage Minimum Requirements)
- Letter from student describing circumstances
- Documentation of medical emergency: such as medical records



Name	
UK ID	

Waiver Appeal Agreement

Your signature confirms the selections above and the following:

- *I understand that I will NOT be granted a waiver appeal for similar circumstances in future semesters.*
- I understand that I am fully responsible for my medical expenses during the time of any granted waiver appeal.
- If a waiver appeal is approved, I am cancelling my eligibility for the UK Student Health Plan for the period. I will not be permitted to enroll in SHP during that period.
- I understand that if I have any SHP medical or pharmacy claims during the period for which I am applying, a waiver appeal cannot be granted.

Signature

Date

This completed and signed form must be received within 90 days of the end of the period for which the waiver appeal is being requested:

Fall 2019 requests by March 30, 2019

Spring/Summer 2020 requests by November 12, 2020

Return completed form to the UK SHP Office: Fax:

859-323-5852

Email: studenthealthplan@uky.edu

Mail: UK SHP Office, University of Kentucky, 1080 Export St., Suite 280, Lexington, Kentucky 40504

Processing: What happens next?

Because each waiver appeal request must be individually researched by UK and the health coverage carrier, please allow 10-14 business days for processing. The SHP charge will not be removed unless and until the application has been approved. A completed form does not guarantee approval. You will be notified by email about your approved or denied status.

SHP Office use only:

Approved _____ Denied _____ Date Reviewed: _____ Initials _____