

# UMSU HEALTH & DENTAL INSURANCE PLAN APPEAL REQUEST



## IDENTIFICATION

FULL NAME		STUDENT #	
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
PHONE #	EMAIL		

I, \_\_\_\_\_, a member of the University of Manitoba Students' Union (UMSU)  
(please print name legibly)

wish to voice an appeal to the Umsu Member Services Committee. I understand that all documentation received by the Umsu Member Services Committee will be considered for appeal. I also understand that the Umsu Member Services Committee will make a decision that is fair for all student members of the Umsu and the decision made at that time will be final and considered closed. I also understand that I will be charged an incremental penalty for missing the opt-out/opt-in deadline on a consistent basis during the membership. Students who have used the Plan are not eligible for an appeal. Students are also responsible for filing their own appeals.

### Opt-Out Appeal

**Please attach:**

- A letter detailing your request or dispute
- A completed appeal request form (available at the Umsu Health & Dental desk)
- Proof of alternate coverage (must provide documentation outlining alternate health coverage and/or dental coverage)
- Account Summary by term (for current term) (a screenshot so we know if you have paid your Membership fees)

### Revert to Basic Plan Appeal

**Please attach:**

- A letter detailing your request or dispute
- Account Summary by term (for current term) (a screenshot so we know if you have paid your Membership fees)

### Opt-in or Family Coverage Appeal

**Please attach:**

- A letter detailing your request or dispute
- Account Summary by term (for current term) (a screenshot so we know if you have paid your Membership fees)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

## OFFICE USE ONLY

APPROVED

\_\_\_\_\_  
DATE

DENIED

ENTERED IN FILEMAKER

\_\_\_\_\_  
MEMBER SERVICES COMMITTEE CHAIR