



## UVSS Health & Dental Appeals Committee

The UVSS provides mandatory extended health & dental plans for undergraduate students that were voted in by student referendum. The fees for the health & dental plan are automatically applied to your tuition account.

To opt out of the UVSS Extended Health & Dental Plan, students must upload their alternative extended health & dental plan membership documents (showing the name of the insurance company, policy number and the student's name) online at [www.studentcare.ca](http://www.studentcare.ca) by September 22nd. Students beginning their studies in the second semester may opt out by January 22nd. Students who missed the September 22nd opt out deadline cannot opt out online in January.

To appeal, complete this form, sign (by student) and return it to the UVSS Info Booth, Student Union Building, P.O. Box 3035, Victoria, BC, V8W 3P3 for review by the Health & Dental Plan Appeals Committee. Fax: 1-250-472-4851. Appeals must be received by the last day of lectures for that semester.

All appeals must include proof of alternative coverage. Students cannot be granted an appeal if they've already used the plan and made claims on their account. The appeal process cannot be used to opt-down from the Enhanced Plan to the Basic Plan. The committee will not consider appeals submitted by the parents or guardians of a student unless legal authority has been granted. When an appeal is granted a credit will show on your UVic tuition statement.

Student must meet one or more of the following in order to be successful in an appeal:

1. Students who are in their first year at UVic.
2. Students who have not appealed previously.
3. Students whose registration falls outside of the Change-of-Coverage period.
4. Students who mistakenly opted out from the GSS site within the Change-of-Coverage period.
5. Other extenuating circumstances as agreed upon by the appeals committee.

Filing an appeal does not guarantee an opt-out. You must pay your tuition fees in full; the UVSS does not refund any late fees.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student Number: V00\_\_\_\_\_

First Year: Yes  No

UVic Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_\_

Appealing for:      Health Only       Dental Only       Both

Please explain your appeal in detail on the other side.

