



UVSS Health & Dental Appeals Form

BEFORE YOU BEGIN:

Have you already submitted an <u>Exception Request</u> through Studentcare? If yes, only submit an appeal if it was rejected. If you miss the October 23rd deadline, then you can submit an appeal using this form and supporting documentation. For more information, please visit <u>uvss.ca/health</u>.

The UVSS provides mandatory extended health and dental plans for undergraduate students that were voted in by student referendum. The fees for the health and 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 and dental plan documents (showing the name of the insurance company, policy number and the student's name) online at www.studentcare.ca during the Change-of-Coverage Period (Aug. 22nd- Sept. 22nd). Students beginning their studies in the second semester may opt out Dec. 22nd-Jan 22nd. Students who miss the September 22nd opt out deadline **cannot** opt out online in January.

To appeal: Complete this form, sign (by student), and send it to the UVSS Info Booth (<u>info@uvss.ca</u>) for review by the Health & Dental Plan Appeals Committee. Appeals <u>must be received by the last day of classes for that semester</u> (please refer to <u>UVic's Academic Important Dates Calendar</u>).

All appeals <u>must include proof of alternative coverage</u>. 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. If your appeal is successful, the amount will be applied to your UVic tuition account, to be used towards your future tuition.

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

	Students who are in their first year at UVic.
	Students whose registration falls outside of the Change-of-Coverage period.
	Students who were accepted into the co-op program after the Change-of-Coverage period.
	Students who missed the Change of Coverage Period due to medical reasons.
	Students who mistakenly opted out from the GSS site within the Change-of-Coverage period.
П	Other extenuating circumstances agreed upon by the appeals committee (i.e. medical
_	reasons).

You must attach supporting documentation that proves you meet the above criteria. Please refer to the table at uvss.ca/health for acceptable forms of documentation. 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.

Questions? Need help filling out this form? Email info@uvss.ca!

Last Name:		_	First Name:			
Student Number: V00			Phone Number:			
UVic Email:			Secondary Email:			
Appealing for:			Only 🗆	Both □		
Please explain your appeal in detail below.						
Signature:		C)ate:			

UVSS Use Only

Date Received: Date Reviewed: