

STUDENTS NEED TO COMPLETE FORM ONLY ONCE

**UNIVERSITY OF ILLINOIS AT SPRINGFIELD
STUDENT HEALTH INSURANCE
PETITION FOR EXEMPTION**

(To be completed and signed by student. Please print clearly. See reverse side for additional information)

Last Name _____ First Name _____ MI _____

UIN _____ Birthdate _____ Age _____
(mm/dd/yyyy)

Local Address: _____
Street City State Zip

Local Phone _____ UIS Email Address _____

I am a student at UIS and request to be exempt from the Student Health Insurance fee on the basis that I am currently enrolled in the following insurance program:

Name of plan _____

UIS Faculty/Staff Yes No Veteran Scholarship Yes No

I have attached the following Proof of Coverage - (Please Check One)

____ Photocopy of my insurance I.D. Card or coverage verification letter from my insurance company.

(NOTE: This document will not be returned.)

____ Schedule of Benefits or certificate of coverage to be returned to me at the mailing address provided herein.

ASSUMPTION OF RESPONSIBILITY

It is understood and agreed that my exemption from the University of Illinois at Springfield Student Health Insurance Plan (fee) is for an indefinite period. I also understand and agree that in consideration of the granting of an exemption from the fee I will maintain private health insurance **at all times** while enrolled as a student at the University of Illinois at Springfield. I may again be required to provide evidence of private insurance and the fee may be re-assessed if such evidence is not provided. It is further understood that the Petition For Exemption process is not complete until hard-copy proof of equivalent coverage is received and approved by the:

**University of Illinois at Springfield
Office of Human Resources
One University Plaza, HRB-30
Springfield, IL 62703-5407
Phone (217) 206-6652 • Fax (217) 206-7145**

I further understand that I have waived my right to coverage under the University of Illinois at Springfield Student Health Insurance Plan and assessment of the fee unless I qualify for and request reinstatement to the University's Student Health Insurance Plan. I understand that I may apply for reinstatement of University coverage under one of the following conditions:

1. At any time within 30 days after involuntary loss of coverage under another plan or acquisition of a new dependent (birth, adoption, or marriage) with coverage effective on the date of loss (proof of loss required), acquisition, or date of application, whichever is later (no medical evidence required). The premium will not be prorated for a partial semester of coverage and the entire semester fee will become due on the date of application.
2. At any time during the University's regular course registration period for a Fall, Spring, or Summer semester, but prior to the published semester deadline for student insurance enrollment.

Signature: _____ Date: _____

For Office Use:

Approved: Yes _____ No _____ Action _____ Remove Fee _____ By _____

Date Policy Returned _____ By _____ SEMESTER _____

STUDENTS NEED TO COMPLETE FORM ONLY ONCE

**INSTRUCTIONS FOR COMPLETING
PETITION FOR EXEMPTION
FROM STUDENT HEALTH INSURANCE FEE**

All students at the University of Illinois at Springfield must carry medical/hospital insurance coverage. To be eligible for exemption from the University's Student Insurance coverage and the charge for the Student Health Insurance Fee, student MUST have insurance coverage in effect on or before the deadline published for each semester.

If student has valid insurance coverage, this request for *Petition for Exemption* should be completed to request an exemption of insurance fee. **Form only needs to be completed once for a continuing student.** Once completed and approved, exemption will remain in effect until student does not respond to a periodic request to confirm that he/she has continued coverage by another health plan or until student requests reinstatement to the plan

INSTRUCTIONS: PLEASE PRINT ALL INFORMATION.

- Student's Last Name, First Name, UIN, Birthdate, Age, Local Address and Email Address.
- VETERANS** – Please indicate whether or not you're receiving the "Veterans' Scholarship Award" by placing an [X] in the appropriate box.
- BE SURE THAT THE PETITION IS SIGNED AND DATED.**
- Petitions for Exemption and Reinstatement applications (for student and dependent coverage) must be submitted to the **Office of Human Resources, One University Plaza, HRB-30, Springfield, IL 62703**, or fax to (217) 206-7145. Proof may be submitted either in person, by fax, email, or postmarked US mail, no later than the required semester's deadline.
- Only the Office of Human Resources will handle, accept, and issue student insurance exemptions. No other campus office or department will be able to process the removal of a Student Insurance fee.

PLEASE NOTE: YOU WILL RECEIVE EMAIL NOTIFICATION WHEN THIS FORM IS PROCESSED AND APPROVED. RETAIN A COPY OF THE NOTIFICATION FOR YOUR RECORDS.

Any questions regarding student insurance coverage, student insurance fee, or initial or reinstatement *Petition for Exemption* should be directed to Ceitha Steele at 206-6670 or cstee2@uis.edu or Bob Lael at rlael2@uis.edu.