



University of Maine System

Student Health Insurance Waiver Appeal

2019-2020

Student Information	Insurance Policy Information
Name:	Insurance Company Name:
Date of Birth:	Policy or Group Number:
MaineStreet ID#	Policy Holder ID Number / Policy Holder Name:
University email:	Insurance Company Customer Service Phone #:

Campus of Enrollment:

- | | |
|------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> University of Maine | <input type="checkbox"/> University of Maine at Machias |
| <input type="checkbox"/> University of Maine at Augusta | <input type="checkbox"/> University of Maine at Presque Isle |
| <input type="checkbox"/> University of Maine at Farmington | <input type="checkbox"/> University of Southern Maine |
| <input type="checkbox"/> University of Maine at Fort Kent | <input type="checkbox"/> Maine Law School (Portland) |

Career level: ☐ Undergrad ☐ Graduate ☐ Law

Does your current plan provide coverage for more than emergency care in Maine*? YES NO

*Socialized Health Insurance from another country does not meet this requirement.

Do you have health care coverage that extends through the academic year? YES NO

Please provide a brief summary of your situation and the reason you are requesting a waiver appeal:

I certify that I am currently covered by the above-noted medical insurance policy. I have reviewed my current health benefits and understand the policy's coverage and utilization requirements for all medically necessary care while in Maine. I acknowledge that I am responsible for payment of all fees for medical and mental health treatment not covered by my health insurance plan (including but not limited to deductibles, copays, and coinsurance). I understand that some health facilities may require payment at the time that service is provided.

Student Signature _____ Date _____

Please return the completed form to:

patricia.m.fecteau@maine.edu or fax to: 207-780-5143

Drop off in either Student Financial Services Office (101 Bailey Hall, Gorham or 136 Luther Bonney, Portland)

Mail: Student Financial Services, 37 College Ave, Gorham, ME 04038

Please allow 2-3 weeks for processing. You will be notified if the appeal has NOT been granted.