

STUDENT HEALTH INSURANCE REINSTATEMENT REQUEST

This form is designed to reinstate automatic charges for health insurance coverage offered through the Student Health Center. This will void prior requests for fee waiver and will result in automatic charges for insurance coverage for the current term, and as long as eligibility continues during the remainder of my enrollment at the University. **Reinstatement may be requested within 30 days of termination of prior similar insurance coverage (proof of termination must be provided) or at the beginning of the next Spring or Summer I semesters and is subject to a reinstatement processing fee. Deadlines to reinstate are January 25 for the Spring Semester and June 15 for the Summer Sessions.**

Today's Date: ____/____/____ Reinstatement Effective: Fall ____ Spring ____ Summer ____ Yr ____

Student Name: _____
(Last) (First) (M.I.)

Mailing _____
Address: _____

Telephone #: _____ E-mail: _____

Student I.D: _____

My signature at the end of this statement certifies the accuracy of the preceding information and confirms my request to reinstate automatic charges for University of Miami Student Health Service Health Insurance coverage for the designated term and as long as eligibility continues during the remainder of my enrollment at the University.

I understand that continuation of the charges for insurance and continuation of coverage are contingent upon maintaining eligibility for coverage, and that if I wish to maintain coverage, it is my responsibility to verify continuation of such eligibility.

Student signature (parent's signature if student is under the age of 18 years)

Please return both pages of this form. Please do not expect coverage to be in force for any term unless the insurance charge has been applied to your account and all charges to your account have been paid in full. Charges must be paid within one week after the insurance charge has been posted to your account. Receipt of this form and processing of the reinstatement can be verified via the MyUM system (www.miami.edu/MyUM).

This reinstatement of health insurance form may be mailed or faxed to:

University of Miami
Student Health Service
5513 Merrick Drive
Coral Gables, FL 33146-5310
Telephone: (305) 284-1652 Fax: (305) 284-4905

For internal use:

eligibility verified reinstatement fee charged reinstatement entered

Signature **Date**

REINSTATEMENT CHECKLIST

Student Name _____

Student I.D.: _____

Date of Birth: _____

Reason for Reinstatement:

- Age
- Enrolled in 700/800 level class only
- Change in employment status
- Other _____

Did you have prior insurance coverage? Yes _____ No _____

-- If yes, what was the name of the Carrier/Health Plan _____

-- If yes, when did/does the policy terminate? _____

-- Reason for termination. _____

Are you attending classes during the weekdays of Monday thru Friday? _____

Do you understand that the student insurance policy has exclusions, limitations and a pre-existing clause? _____

Please circle your current status and provide your current enrollment information:

Undergraduate / Graduate / International

of Credit Hours _____

Name of Program _____