



URI HEALTH SERVICES Fall 2024 Late Insurance Fee Petition

STUDENT INFORMATION

Student ID Number: _____ Date of Birth: _____

Student Name: _____

Phone Number: _____

E-Mail Address: _____

1st Year
 Sophomore
 Junior
 Senior
 Grad

Reason

We understand you have health insurance and do not want the school insurance. Please help us understand what challenges you faced with submitting the waiver through e-campus before the 10/11/24 deadline:

- New student/transfer student – unaware of process
- Change in FT/PT status
- Late enrollment
- Did not know it had to be done annually
- Other (give detailed description):

_____ I am aware that it may take up to 30 days for my petition to be approved and Accident/Sickness Insurance charge (\$3,291.00) credited to my Term Bill. In the event my petition is not approved, I will be notified by Health Services Billing/Insurance Department by phone, email and/or secure text messaging via the Patient Portal.

NOTE: If you have used the School Insurance for a claim for the 2024/2025 academic year, a petition cannot be approved and a refund of the charges will not be processed.

INSTRUCTIONS: SEND THIS FORM, WITH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK) to: health@uri.edu. In the subject line enter your student ID # and FOR PETITION. Petitions will not be processed without this form and both sides of your insurance card.

Signature: _____ Date: _____

For Office Use Only:

Date received: _____ Charge on bill: Yes No Coverage Verified: Yes _____ No _____

PC / E-Mailed Ins Co to Verify No Paid Claims: _____ Approved: Yes _____ No _____

Removed PS: _____ Ins. Set-Up: _____ Spreadsheet: _____ Scanned into Mediat: _____