URI HEALTH SERVICES
Fall 2025 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 10/10/25 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):

_____

_____

_____

_____ **(***Please Initial***)** I am aware that it may take up to **30 days** for my petition to be approved and Accident/Sickness Insurance charge ($3,512.00) 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 2025/2026 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 Medicat: _____