URI HEALTH SERVICES
Fall 2026 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: You are completing this form because you have your own health insurance and do not wish to participate with the school sponsored health insurance plan. The Academic Health Plans (AHP) site was open from **July 1, 2026 – October 31, 2026**. We would like to understand **why** you did not submit a waiver during that period through AHP.

- ☐ New student/transfer student – unaware of process
- ☐ Change in full-time/part-time status
- ☐ Late enrollment in classes after the waiver deadline
- ☐ Did not realize a waiver was required every academic year
- ☐ 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 2026/2027 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_____

To SID: _____ Approved: Yes No Removed PS: _____ Ins. Set-Up:_____ Spreadsheet:_____