

Bennett College

Denied Waiver Appeal Form

IMPORTANT: Please read the following to ensure you are eligible for this appeal.

- If your Waiver Application was denied because you missed the waiver application deadline, DO NOT FILE AN APPEAL. Appeals will not be considered for students who missed their waiver deadline date.
- Your appeal must be submitted within **ten (10) calendar days** of the date of notice of denial. Appeals received after the ten (10) day grace period will not be considered.
- Appeals will **ONLY** be considered for the current term. Waivers granted on appeal will **NOT** be applied to any previous school term.
- Evaluation of your appeal will be based on College Health Insurance comparability guidelines in effect at the time of the original waiver application.

INSTRUCTIONS FOR THE APPEAL

(You will be notified of the status of your appeal within ten (10) business days after receipt of your complete appeal.)

NOTE: Appeal forms that are incomplete and/or are missing any of the following documents will not be considered for evaluation.

You can fax or email or deliver in person, your appeal request to:

Business Office

(Located on the first floor of the Race Hall Administration Building)

336-517-2113 (fax) StudentAccounts@Bennett.edu (email)

1. Copy of the Waiver Application Denial Page. Denial Page is displayed after you have submitted your online waiver. AND
2. Copy of your private health insurance policy that describes the benefits. AND
3. Copy of your medical ID card that includes your name or primary insured's name and policy #.

Section A (Student Information)

Last Name	First Name	MI	Student ID	DOB
Current Address	City	State	Zip	
Telephone Number	Email			
Term of Appeal (Check only one of the boxes)				
Fall Term <input type="checkbox"/>		Spr/Sum Term <input type="checkbox"/>		
Student Signature	Date			

Section B (State any special notes/reasons for your appeal.)

OFFICIAL USE ONLY		
Appeal is Denied <input type="checkbox"/>	Appeal is Accepted <input type="checkbox"/>	Appeal is Incomplete <input type="checkbox"/>
Date Appeal Received (Business Office)		
Appeal Evaluator Signature	Date	