



Petition to Remain Enrolled Under Student Health Insurance Without Meeting Eligibility Requirements (TO BE COMPLETED BY STUDENT, please print clearly)

Student's Name _____ Student's UCID _____

Address _____

Telephone # _____ Email Address _____ Date of Birth / /

Term/Semester for Which Enrollment is Being Requested _____

Please explain the extenuating medical circumstances preventing you from enrolling in the classes/programs necessary to meet Student Health Insurance enrollment eligibility requirements.

Multiple horizontal lines for writing the explanation.

- I understand that this completed Petition to Remain Enrolled Form must accompany a then current Student Health Insurance Enrollment Form filled out in its entirety as well as a letter from my healthcare provider stating the current medical condition(s) preventing me from attending classes/Co-op and the anticipated date of return. This statement must be on his/her formal letterhead.
• I understand that I must be enrolled under U.C. Student Health Insurance for at least six months immediately preceding the approval of the Petition to Remain Enrolled.
• I understand that a Petition to Remain Enrolled Form must be received by Student Health Insurance no later than two weeks from my official withdrawal from classes or if I don't enroll for classes, it must be received no later than two weeks following the first day of the then current term's/semester's classes.
• I understand that I must pay any applicable premium(s).
• I understand that this petition is subject to the approval of the department of Student Health Insurance.
• I understand that the decision made regarding this petition is unanimous and final.

Please return the then current and completed Student Health Insurance Enrollment Form, the healthcare provider's letter of medical leave necessity and this petition form to University of Cincinnati, Student Health Insurance, P.O. Box 210010, Cincinnati Ohio 45221-0010. The forms may also be faxed to 513.556.6655.

Student's signature _____ Date _____

For internal use only
approved [] approved by _____ approved period of time _____ today's date _____
denied [] denied by _____ denied because _____
today's date _____