## Cal Maritime Academy **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 **five (5) calendar days** of the date of notice of denial. Appeals received after the five (5) 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 <u>complete</u> appeal) **NOTE:** Appeal forms that are incomplete and/or are missing any of the following documents will not be considered for evaluation.

You can mail, fax or email your appeal request to: Attn: Student Insurance Waiver Appeals Wells Fargo Insurance Services USA, Inc. 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670-6076 (866) 699-7840 (fax)

studentinsuranceservices@wellsfargo.com

1. Completed Appeal form. AND

Appeal Evaluator Signature

2. Copy of your private health insurance policy that describes the benefits. AND

## Copy of your medical ID card that includes your name or insured's name and policy #. AND Section A (Student Information) First Name ΜI Student ID DOB Last Name Current Address City State Zip Email (where to send our response to your appeal) Telephone Number Term of Appeal (Check only one of the boxes) Fall Semester 2014 Spring Semester 2014 Student Signature Section B (State the reason for your appeal. Be as specific as possible. You may attach a separate page is needed.) **OFFICIAL USE ONLY Appeal is Denied** Appeal is Accepted Appeal is Incomplete Appeal Evaluator Name

Date