



**RISK MANAGEMENT INSURANCE WAIVER APPEAL FORM**

Name\_\_\_\_\_ Student ID\_\_\_\_\_ E-mail Address\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Please use this form to write your appeal (additional pages may be attached). Your appeal must include all of the following items. Failure to include any portion of the required information will result in denial of the appeal.

1.) Explain the circumstances that caused you to not complete the online insurance waiver process by the deadline date.

2.) Provide documentation that demonstrates your good faith effort to comply with the online waiver process and any proof of medical insurance that you hold for the upcoming semester. This documentation can include:

- a. Confirmation of waiver e-mail from Gallagher Koster.
- b. E-mail conversations with university or Gallagher Koster staff proving that good faith efforts were made to waive within the time frame allowed by the deadline date, and proof of current comparable medical insurance.
- c. Any documentation that will prove that the student failed to complete a waiver by the deadline date through no fault of their own.

Submit your appeal, including supporting documentation, to [studentinsurance@davenport.edu](mailto:studentinsurance@davenport.edu), or fax it to 586.558.7868. Waiver appeals will be evaluated on a case by case basis. You will be contacted when a decision is made regarding your appeal. If you have any questions regarding this process please e-mail [studentinsurance@davenport.edu](mailto:studentinsurance@davenport.edu).

Student Signature\_\_\_\_\_ Date\_\_\_\_\_