



**STUDENT HEALTH INSURANCE PLAN  
REQUEST FOR FINAL APPEAL OF WAIVER DENIAL**

If your appeal request for a waiver of the billing for the student health insurance plan was denied by the Director of Medical Services, you may appeal to the Health Insurance Appeals Committee, by completing the form below and submitting it within ten (10) days of receipt of the appeal denial notice to:

FSA Customer Advocate  
FSA—Student Union Building  
Stony Brook University, 11794-3209

\_\_\_\_\_ (last name)                      \_\_\_\_\_ (first name)                      \_\_\_\_\_ (email)

\_\_\_\_\_ (address)

Please explain below in full why you disagree with the original and appeal decisions.  
Attach a copy of your appeal denial notice, and any other relevant materials.  
The decision of the Appeals Committee on this matter is final.

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stony Brook ID number