



STUDENT HEALTH INSURANCE PLAN
REQUEST FOR APPEAL OF WAIVER DENIAL

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

Office of the Director
Student Health Services—Infirmary Road
Stony Brook University
Stony Brook, NY 11794-3191

(last name)

(first name)

(email)

(address)

Please explain below in full why you disagree with the original decision. You may use the reverse of this form. Attach a copy of your waiver denial notice, and any other relevant materials.

Signature

Date

Stony Brook ID number