

Belmont University Student Health Insurance Plan

Waiver Appeal

Student Information:

Full Name: _____

Student BUID: _____

Email Address: _____

Phone Number: _____

Appeal Process:

1. **Reason for Appeal:** Please provide a detailed explanation of why you believe your Belmont Student Health Insurance Plan waiver should be reconsidered. Include any relevant circumstances or information that was not included in your initial waiver application.
2. **Supporting Documentation:** Please attach any supporting documents that substantiate your appeal. This may include, but is not limited to, the following:
 - Proof of existing health insurance coverage
 - Explanation of Benefits (EOB) from your current insurance provider
 - Letters from healthcare providers
 - Any other relevant documentation

Submission Instructions:

Please submit this completed application, along with all the supporting documentation, to Belmont Central within ten (10) days of your waiver denial. You may submit your application via email to studentinsurance@belmont.edu. Please allow 7-10 business days for the application to be processed. You will receive an email with the decision or further instructions.

Acknowledgment:

I hereby certify that the information provided in this appeal application is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of my appeal and potential disciplinary action.

Signature: _____

Date: _____