COLORADO STATE UNIVERSITY FORT COLLINS
HEALTH INSURANCE PLAN WAIVER APPEAL

Petition: High Deductible Plan

I am requesting to waive enrollment into the CSU Fort Collins Student Health Insurance Plan for the student identified below.

Name of Student: ___________________________ Student ID: ________________

Name of Insurance Plan: _______________________ Deductible: ________________

By submitting this completed request I, the undersigned student/parent/guardian/spouse:

1. acknowledge that the health plan of coverage in which the student is currently enrolled includes a deductible higher than that of the CSU Fort Collins Student Health Insurance Plan Waiver Criteria ($2,500 per policy year for individuals); and

2. am asserting that I am financially prepared to cover the expense of the higher deductible; and

3. agree to accept full financial liability for any medical costs incurred by the named student that would otherwise be covered by the CSU Fort Collins Student Health Insurance Plan.

__________________________________________________________
Printed Name

__________________________________________________________
Signed Name Date

_____________________________
Relationship to Student
(Must be a parent/guardian/spouse)

**Please fax your completed form to (877) 778-6787 or upload to your online waiver petition**