UWSA Health Plan Office
0R04, Bulman Students' Centre
515 Portage Ave, Winnipeg, MB R3B 2E9
T: (204)786-9992 **E:** health@theuwsa.ca **W:** theuwsa.ca/healthplan

HEALTH PLAN APPEAL FORM

Submit your appeal to the Health Plan Coordinator. The deadline to appeal is the final day of classes for the term you registered and were charged the UWSA Health Plan fees (see bottom for deadlines). Your appeal will be addressed by the UWSA Finance and Operations Committee. Meetings are closed session.

Personal Information

Last Name First Middle

Student Number | Date of Birth (YYYY/MM/DD)

Address

City Province Postal Code

Email | Phone ( ) -

Term you began full-time studies: ☐ Fall ☐ Fall/Winter ☐ Winter ☐ Spring

Would you like to be informed of the meeting date? ☐ Yes ☐ No

I, _____, a member of the University of Winnipeg Students' Association, submit this appeal to the UWSA Finance and Operations Committee, disputing the UWSA Health Plan fees I was charged. I understand that I have the right to provide details and answer questions that the Committee or Health Plan Coordinator may have. I understand that the Committee will make a decision that is fair for all student members and that this decision will be final and cannot be re-appealed.

Please present details of your dispute:

I hereby declare that all the information on this appeal is complete and true in every respect. I grant the University of Winnipeg Students' Association and/or Health Plan Coordinator to release my name, information and address to the UWSA Finance and Operations Committee.

Student Signature Date

Appeal Deadlines	
Fall	December 1, 2015
Fall/Winter	December 1, 2015
Winter	April 4, 2016
Spring	August 1, 2016

For Official Use Only	
Date Received	APPEAL DECISION
Plan Type and Cost	Granted
Decision Date	Denied
Name Signature	