



 [theuwsa.ca/healthplan](http://theuwsa.ca/healthplan)

 [optchange@theuwsa.ca](mailto:optchange@theuwsa.ca)

 204.786.9992

# APPEAL FORM

Submit your appeal to the Health Plan Coordinator at [optchange@theuwsa.ca](mailto:optchange@theuwsa.ca). 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) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

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-

Please present details of your dispute:  
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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 in accordance with the UWSA Privacy Policy, available at [theuwsa.ca/bylawsandpolicy](http://theuwsa.ca/bylawsandpolicy).

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Appeal Deadlines	
Fall	October 19, 2020
Fall/Winter	
Winter	February 16, 2021
Spring	May 19, 2021

For Official Use Only	
Date Received	APPEAL DECISION
Decision Date	
Name	Signature