



 theuwsa.ca/healthplan

 optchange@theuwsa.ca

 204.786.9992

APPEAL FORM

Submit your appeal to the Health Plan Coordinator at 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:

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.

Student Signature _____ Date _____

Appeal Deadlines	
Fall	October 21, 2021
Fall/Winter	
Winter	February 20, 2022
Spring	TBA

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