



theuwsa.ca/healthplan

optchange@theuwsa.ca

204.786.9992

APPEAL FORM

Submit your appeal to the Health Plan Coordinator at optchange@theuwsa.ca. If you're filling out to make an Opt-In Appeal request, please attach a completed OPT-CHANGE form when submitting. 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 4, 2022
Spring	May 27, 2022

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