UNNIVERSITY OF WINNIPEG STUDENTS' ASSOCIATION

HEALTH PLAN

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 Fall/Winter	October 3, 2022
Winter	January 31, 2023
Spring	TBA

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