

Cal Maritime Academy Denied Waiver Appeal Form

IMPORTANT: Please read the following to ensure you are eligible for this appeal.

- If your waiver Application was denied because you missed the waiver application deadline, DO NOT FILE AN APPEAL. Appeals will not be considered for students who missed their waiver deadline date.
- Your appeal must be submitted within **five (5) calendar days** of the date of notice of denial. Appeals received after the five (5) day grace period will not be considered.
- Appeals will ONLY be considered for the current term. Waivers granted on appeal will NOT be applied to any previous school term.
- Evaluation of your appeal will be based on College Health Insurance comparability guidelines in effect at the time of the original waiver application.

INSTRUCTIONS FOR THE APPEAL

(You will be notified of the status of your appeal within ten (10) business days after receipt of your complete appeal)

NOTE: Appeal forms that are incomplete and/or are missing any of the following documents will not be considered for evaluation.

You can mail, fax or email your appeal request to:

Attn: Jocelyn McNabb

Wells Fargo Insurance Services USA, Inc.

10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670-6076

866-493-6451 (fax)

Jocelyn.Mcnabb@wellsfargo.com

1. Completed Appeal form. AND
2. Copy of your private health insurance policy that describes the benefits. AND
3. Copy of your medical ID card that includes your name or primary insured's name and policy #. AND

Section A (Student Information)

Last Name	First Name	MI	Student ID	DOB
Current Address		City	State	Zip
Telephone Number			Email (where to send our response to your appeal)	
Term of Appeal (Check only one of the boxes)				
<input type="checkbox"/> Fall Semester 2013			<input type="checkbox"/> Spring Semester 2014	
Student Signature			Date	

Section B (State the reason for your appeal. Be as specific as possible. You may attach a separate page is needed.)

OFFICIAL USE ONLY		
Appeal is Denied <input type="checkbox"/>	Appeal is Accepted <input type="checkbox"/>	Appeal is Incomplete <input type="checkbox"/>
Appeal Evaluator Name		
Appeal Evaluator Signature		Date