Pitzer College
Student Health Insurance Plan Waiver
Appeal Petition: High Deductible Plan

I am requesting to waive enrollment into the Pitzer College Student Health Insurance Plan for the student identified below.

Name of Student: _____ Student ID: _____

Name of Insurance Plan: _____ Deductible: _____

By submitting this completed request I, the undersigned parent/guardian/spouse:

1. acknowledge that the health plan of coverage in which the student is currently enrolled includes a deductible higher than that of the Pitzer College Student Health Insurance Plan Waiver Criteria ($1,000 per policy year for individuals or $2,000 per policy year for family); and

2. am asserting that I am financially prepared to cover the expense of the higher deductible; and

3. agree to accept full financial liability for any medical costs incurred by the named student that would otherwise be covered by the Pitzer College Student Health Insurance Plan.

_____
Printed Name

_____ _____
Signed Name Date

_____
Relationship to Student
(Must be a parent/guardian/spouse)

Please scan and email your completed form to Katie_tewell@pitzer.edu or upload to your online waiver petition.

THIS SECTION TO BE COMPLETED BY THE DEAN OF STUDENTS OFFICE ONLY:

☐ Approved ☐ Denied _____ _____
Dean of Students Representative Date