Minnesota State Colleges and Universities
Student Health Insurance Petition for Refund
_________ - _________ Academic Year

Campus:

- ☐ Bemidji State University
- ☐ Metro State University
- ☐ Minnesota State University, Mankato
- ☐ Minnesota State University, Moorhead
- ☐ St. Cloud State University
- ☐ Southwest State University
- ☐ Winona State University
- ☐ College: ____

PLEASE PRINT CLEARLY:

Name (Last) ________________________________ Name (First) ________________________________

Date of Birth_____________________ Student ID# _____________________ Phone #_________________________

Refund Address: (Allow up to 6 weeks to process refunds)

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Please read the following and check the appropriate box:

- ☐ I have been approved for OPT and am not required to purchase student health insurance while on OPT
- ☐ I am no longer enrolled because I transferred to another college/university*
- ☐ I left the United States and will not return to this college/university within the next year
- ☐ I am no longer in F or J immigration status and am not required to purchase student health insurance (must show form I-797 Notice of Approval from USCIS , I-551 Permanent Resident Card, or other document verifying approved change of status)

I elect to have student health insurance coverage dropped on the effective date: ______________________________

To the student:

By signing below, I am verifying that the above statement is true. I understand that I am no longer required to maintain Minnesota State student health insurance and that I will be solely responsible for all medical and/or dental bills. Under no circumstances is the college/university responsible for any of my medical or dental bills incurred during such coverage or after it is no longer in effect.

Signature of Student ____ Date _____________________

International Student Advisor Approval ________________________________ Date _____________________

Advisor Name and Title ____

Comments ____

***If you are transferring to another MN State College/University you should maintain student health insurance.** You will continue to receive insurance benefits for existing claims or claims that may occur in the quarters/semesters that you do not attend the college/university. If you do not continue coverage and a break in coverage occurs, you must wait one year or longer to receive benefits for any pre-existing condition.

Note: Refunds are calculated from the date the insurance company is notified to drop the coverage using this completed form. Please allow up to six weeks for the refund to be processed. If you have not received your refund after six weeks you may call United Healthcare Student Resources at 1-888-251-6243. ***Please keep a copy of this form for your own record.*

STUDENT: YOU ARE RESPONSIBLE FOR FAXING OR E-MAILING THIS FORM
Fax: 469-229-5612 (Attention – Premium Refunds)
E-Mail***: SIDPremium-CustomerService@uhcsr.com

****This form requires signatures. If you are emailing this form, scan the signed document and send it as an attachment.*