

Health Insurance Refund Request (CSU Health Link)

Please answer the following questions before turning in your insurance refund request. You may be required to see an Advisor in our office and/or meet with the Health Insurance Coordinator before your request can be processed..

Last Name: _____ First Name: _____ Today's Date: _____

CWID# _____ Address _____ Phone # _____

Dates of insurance coverage: _____ to _____ Method of Payment: Credit Card Cash/Money Order

Reason for refund:

I am transferring to another school (please explain below)

I have filed for a Leave of Absence for _____ semester. (please explain below)

Note: Refunds are not allowed for a Leave of Absence filed for personal medical reasons.

Other (please explain below)

NOTE: There is a \$25 refund processing fee and all refunds must be requested within the first 45 days from the day classes begin. Final approval for refund requests are determined by Acordia/Somerton Student Insurance Services.

FOR OFFICE USE ONLY:

1. Print SIS+ screen 148. 2. Verify current UNITS enrolled: _____ (SIS+ 109) 3. Pull student file

____ No other issues pending -- OK to proceed with refund request -- Give file to Insurance Coordinator.

____ Student must make an appointment with Insurance Coordinator OR go to a walk in appt on Tues/Thur 9-10:30 am

____ Student must make an appointment with Advisor OR go to a walk in appt (see current schedule of walkins)

____ Other: _____

Notes:

Insurance request approved and submitted on _____ to Somerton Insurance by _____