

HEALTH INSURANCE REFUND REQUEST

Please answer the following questions before turning in your insurance refund request. You may be required to see an International Student Advisor before your request can be processed.

NOTE: There is a \$25 refund processing fee. All refunds must be requested within the first 45 days from the day classes begin. Final approval for refund requests are determined by Wells Fargo Insurance Services, Inc.

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

CWID#: _____ U.S. Address: _____ Phone #: _____

Reason for refund:

- I am transferring to another school for the _____ semester
(semester/year)
 - I have submitted my Transfer Request Form and copy of Admission Letter for new school to the IEE office.
 - Transfer release date: _____
- I am returning to my home country and have filed for a Leave of Absence for the _____ semester.
Please note: Refunds are not allowed for students who are on approved Leave of Absence for medical reasons.
- Other: _____

For Office Use Only

____ Emailed Wells Fargo on _____ (date and advisor's initials)

____ Other: _____

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