Minnesota State Colleges and Universities

Student Health Insurance Petition for Refund for International Students

_______-______School Year

Campus

- ☐ **Bemidji State**
- ☐ **Metropolitan State**
- ☐ **Minnesota State Univ. Moorhead**
- ☐ **Minn. State Univ., Mankato**
- ☐ **St. Cloud State**
- ☐ **Southwest Minnesota State**
- ☐ **Winona State**
- ☐ **Minnesota Comm., /Tech. College**
  Name of Campus: ____

Name (Last)____(First)________________________________(Please Print)

Student Insurance ID #: ____________________ Date of Birth: _______________ Phone #: _____________________

Refund Address: ____

City: ____ State:________________________Zip: __________________

Please read the following can check the appropriate box

- ☐ I have been approved for Optional Practical training (OPT) and am not required to purchase university health insurance while on OPT.
- ☐ I am no longer enrolled because I have transferred to another college/ university*****
- ☐ I have left the United States and will not return to this college/university within the 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 the 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 the below, I am verifying that I have health insurance meeting the required standards and I am no longer required to maintain MnSCU student health insurance. I understand that after coverage is canceled, I will be solely responsible for all medical, prescription and /or dental bills. Under no circumstances is the College/University responsible for any of my medical, prescription, and or dental bills incurred during such coverage or after it is no longer in effect.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: ____

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***If you are transferring to another Minnesota State College or University, then you should maintain your university health insurance.**

NOTE: Refunds 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 UnitedHealthcare **StudentResources at 1-888-251-6243. ***Please keep a copy of this form for your own records.***

**This form requires signatures. If you are emailing this form, scan the signed document and send as an attachment.* *08/18*

STUDENT: YOU ARE RESPONSIBLE FOR FAXING OR EMAILING THIS FORM

Fax: 469-229-5612 (Attention – Premium Refunds)
Email*: SIDPremium-CustomerService@uhcsr.com

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