

## Health Insurance Request Fund

**Instruction:** 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 the health insurance coverage starts. Final approval for refund requests are determined by Wells Fargo Insurance Services, Inc.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date: \_\_\_\_\_

CWID: \_\_\_\_\_ Phone: \_\_\_\_\_

U.S. Address: \_\_\_\_\_  
*Line 1*

\_\_\_\_\_

*Line 2*

\_\_\_\_\_

*City*

*State*

*Zip Code*

### 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 International Education and Exchange office.

Transfer release date: \_\_\_\_\_

I am returning to my home country and have filed for a Leave of Absence for the \_\_\_\_\_ semester  
*\*Please note that the refund is not allowed for students who are on approved Leave of Absence for medical reasons.*

Other: \_\_\_\_\_

---

### *International Programs office use only*

Email sent to Wells Fargo on \_\_\_\_\_ (Date and advisor's initials)

Other: \_\_\_\_\_