

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: _____