

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. 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 JCB Insurance Services.

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 Global Titans Center.

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: _____

Global Titans Center office use only

Return form to Health Insurance Coordinator

Email sent to JCB on _____ (Date and advisor's initials)

Other: _____