## Lewis & Clark College Student Health Insurance Program

## Request to Continue Insurance Coverage due to "Medical Leave of Absence," 2012-1013

Students who leave Lewis & Clark before actively attending the first 15 days of classes for the semester are normally not eligible to continue in the college's full-semester Student Health Insurance Plan. However, students may petition to have their leave documented by staff who work with the insurance program as a "medical leave of absence." Depending on their circumstances, students whose leaves are declared "medical leaves of absence" may be allowed to remain enrolled in the Student Health Insurance Plan for the semester, even if the student did not complete the first 15 days of the semester.

If you did not actively attend the first 15 days of classes for the current semester, but wish to have your case declared a "medical leave of absence" with insurance staff, so that you can stay enrolled in the College's student health insurance program, please complete the form below and submit to Dr. John Hancock, Director of Wellness (fax to 503-768-7115, or return to MSC 135, Lewis & Clark College). Under normal circumstances, students must submit their petition within one week of leaving the college. Some exceptions to this time frame are made in unusual circumstances. Decisions on petitions are typically made quickly. If you submit a form and have not heard back from college staff within 72 hours, please contact Dr. Hancock at <a href="hancock@lclark.edu">hancock@lclark.edu</a>. The information that you disclose will be held in confidence by staff associated with the Student Health Insurance program and will not be disclosed to other college faculty or staff.

Student Last Name	First Name	M	Middle Name	
LC ID#	Email	Phone		
Address	City	State	Zip/Country	
Semester student withdrew: F	Fall Spring Summer	Year: 20		
medical leave of absence and wh for this semester. Feel free to att	nstances related to your leave. Ad ny you should be allowed to remain tach supporting documentation if y ace, please attach additional pages.	n enrolled in the S you think it would	Student Health Insurance plan	
I hereby request to be allowed to that the information given here is	continue in the student health inst s truthful.	urance program fo	or the current semester. I attest	
Students Signature:	Γ	Date:		