

Lewis & Clark College Student Health Insurance Program

Request to Continue Insurance Coverage due to Medical Reasons

Students who leave Lewis & Clark before actively attending the first 15 days of classes for the semester are not normally 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 being due to medical reasons. Depending on their circumstances, students whose leaves are documented as being due to medical reasons 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. In addition, students who withdraw from Lewis & Clark due to medical reasons at any point during the fall semester may petition to be enrolled in student health insurance coverage for the spring semester.

If you wish to have your withdrawal documented as being due to medical reasons so that you can continue coverage in the Student Health Insurance Plan, please complete the form below and submit to Chelsea Ellis, Administrative Specialist for Student Health Insurance (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 Chelsea Ellis at stuhealthinsurance@lclark.edu. 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 Name:

Last: _____ First: _____ Middle: _____

LC ID#: _____ Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip/Country: _____

Semester student withdrew: Fall Spring Summer Year: 202 ____

Mark all that apply:

_____ I withdrew from school within the first 15 days of the semester due to medical reasons, and I request to be enrolled in the student health insurance program for the semester.

_____ I withdrew from school in the fall semester due to medical reasons and I request to be enrolled in the student health insurance program for the spring semester.

Please describe below the circumstances related to your leave. Address why your leave should be documented as being due to medical reasons and why you should be allowed to remain enrolled in the Student Health Insurance plan. Feel free to attach supporting documentation if you think it would be helpful (it is not always required). If you need more space, please attach additional pages.

I hereby request to be allowed to continue in the Student Health Insurance Plan. I attest that the information given here is truthful.

Student Signature: _____ Date: _____