

Appeal for Student Health Insurance Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

[Insurance Office/University Health Services]

I hope this message finds you well. My name is [Your Name], and I am a student at [Your University/College Name], enrolled in [Your Program or Major]. I am writing to formally appeal the decision regarding my health insurance enrollment for the academic year [Insert Year].

Unfortunately, I was unable to complete the enrollment process by the deadline due to [briefly explain your reasons, e.g., family emergency, lack of awareness, etc.]. I understand the importance of having health insurance while attending school, and I believe it is essential for my overall well-being and academic success.

Given my situation, I kindly request that you reconsider my application for health insurance enrollment. I am committed to taking all necessary steps to ensure this situation does not happen again in the future.

Thank you for considering my appeal. I appreciate your understanding and assistance in this matter. I am looking forward to your positive response.

Sincerely,

[Your Name]

[Student ID Number]