

Re-enrollment Request for Student Health Insurance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[University/College Name]

[Health Insurance Office/Department Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the re-enrollment of my student health insurance for the upcoming academic year. My name is [Your Name], and I am currently enrolled in [Program/Department] with student ID number [Your Student ID].

Due to [brief explanation of circumstances leading to previous unenrollment, if applicable], I was unable to continue with my health insurance coverage during the last term. However, I understand the importance of maintaining health insurance while pursuing my studies and would like to ensure I am covered moving forward.

Attached to this letter are any necessary documents required for re-enrollment, including [list any attachments, e.g., proof of past insurance, enrollment verification, etc.]. I kindly request your attention to my application and would appreciate any further instructions or information you could provide regarding the next steps.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Student ID]