Health and Dental Benefits Plan Appeals Form

NISU NORTH ISLAND STUDENTS' UNION

DATE OF APPEAL _____

NAME _____ DATE OF BIRTH _____ YYYY/MM/DD

EMAIL _____ STUDENT NUMBER _____

MOBILE NUMBER _____ CAMPUS OF STUDY _____

ADDRESS _____

_____

PART 1

IN THE SPACE BELOW PLEASE OUTLINE THE ISSUE YOU WOULD LIKE TO RESOLVE (E.G. I WOULD LIKE TO OPT-OUT PAST THE DEADLINE)

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PART 2

IN THE SPACE BELOW PLEASE OUTLINE THE BASIS FOR YOUR APPEAL

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PLEASE USE REVERSE SIDE OF PAGE FOR ADDITIONAL INFORMATION IF NECESSARY