



## Health Insurance Certification Funding Appeal

**Student Name –  
please print:**

**SUID:**

**Instructions:**

1. Attach to this form a written statement explaining why additional assistance is needed.
2. Please be sure to complete any tasks on your **MySlice** Financial Aid To Do List at [myslice.syr.edu](https://myslice.syr.edu) and that you have received a financial aid package prior to completing and submitting this form.

**Eligibility Requirements:**

1. Student must be an undergraduate.
2. Student must be currently receiving financial aid.
3. Students must accept both the Federal Subsidized & Unsubsidized loans.
4. Students must submit a written statement explaining why they either do not have other health insurance or would be adversely impacted by the health insurance charge.
5. Student must apply for and be denied the **health insurance waiver** through Student Insurance on Myslice if they have other health insurance.

Check one box below, as appropriate:

I certify that I do not have medical insurance.

I certify that I am not covered by an Affordable Care Act (ACA) compliant health insurance plan that meets the Syracuse University requirements and was denied the health insurance waiver by the University's Student Health Insurance office.

**Student Signature**

**Date**

Your appeal will be reviewed within 7-10 business days of receipt of your completed application. However, additional time may be necessary to review your appeal in the event more information is requested. The parent and/or student will be notified via mail and/or e-mail with the outcome of the appeal decision.

Please submit this form using the Upload Here link provided on your financial aid To Do List.

Or mail to:  
Financial Aid Processing  
Syracuse University  
400 Ostrom Avenue  
Syracuse, NY 13244

**Health Insurance  
Appeal 2024**

**Syracuse University**

Office of Financial Aid & Scholarship