Plan E - Student with Severe Medical Problem Rebate Plan for Meals

The Student with Severe Medical Problem Rebate Application must be approved by the Associate Dean of Residence Life and then submitted to the Asbury College Health Services personnel with supporting documentation. Health Services will forward the application to the Assistant Vice President for Business Affairs for final review. If the request is approved the Assistant Vice President for Business Affairs will notify Pioneer College Caterers and the Student Accounts Coordinator to credit the student’s account. If the request is denied the Assistant Vice President for Business Affairs will inform the student as such.

Criteria for Plan E:

1. If a student is required to return home or enter a medical facility due to a severe medical problem the student may be eligible for a rebate of his/her meal plan.
2. The student must have been confined at home or in a medical facility and missed classes for a minimum of five (5) days for the rebate to be considered. When such a confinement occurs the rebate will be allowed for the entire period of confinement.

Application for this rebate can be found on following page.
STUDENT WITH SEVERE MEDICAL PROBLEM REBATE APPLICATION

PLAN E

Student’s name ___________________________________________ Student ID Number ________________________________

Student’s campus address ____________________________________________________________

Physician’s name _________________________________________________________________

Physician’s Address ___________________________________________ Phone number ______________

Date of illness: Beginning _______________________ Ending _________________________

Missed meals during illness

• Date (breakfast, lunch, dinner) of first meal missed: Date ____________ Meal _____________

• Date (breakfast, lunch, dinner) of last meal missed: Date ____________ Meal _____________

Please submit this completed and signed application with a letter from the student’s physician to the Assistant Vice President for Business Affairs with a copy to the Director of Food Service for Pioneer Foods.

APPROVED BY: ___________________________________________ _________________
ASSOCIATE DEAN OF RESIDENCE LIFE

APPROVED BY: ___________________________________________ _________________
DIRECTOR OF STUDENT HEALTH SERVICES

APPROVED BY: ___________________________________________ _________________
ASSISTANT VICE PRESIDENT FOR BUSINESS AFFAIRS

BUSINESS OFFICE USE ONLY

APPROVED BY: ___________________________________________ _________________
DIRECTOR OF FOOD SERVICE