

**UC DAVIS STUDENT HEALTH INSURANCE PLAN (UC SHIP)**

**Request to Cancel Waiver**

LAST NAME	FIRST NAME	MI	STUDENT IDENTIFICATION NUMBER	DATE OF BIRTH
UC DAVIS EMAIL ADDRESS			TELEPHONE NUMBER	

CHECK ONE:     Undergraduate Student     Graduate Student (Quarter)     Graduate Student (Semester)

I am requesting to cancel my UC SHIP waiver. I understand that I will NOT be allowed to waive UC SHIP again during the current academic year.

Please fill in the effective starting date here:

Effective Starting Date: \_\_\_\_\_

I understand that UC SHIP coverage for quarters or semesters in progress will start on the effective date specified on this waiver cancellation request. I will be responsible for a full quarter (semester) UC SHIP fee, as UC SHIP fees are not prorated. The UC SHIP fee will be billed to my student account. I understand that I will remain enrolled in UC SHIP and will not be allowed to waive for the rest of the current academic year.

Reason for Cancellation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return to:

Insurance Services Office  
 Student Health and Wellness Center  
 University of California, Davis  
 Davis, CA 95616-8711  
 Email: waiver@shcs.ucdavis.edu

Hours of Operation:  
 M-T-Th-F 8 am-5 pm  
 Wed 9 am-5 pm  
 FAX: (530) 752-7679

*Office use only:*

\_\_\_\_\_  
date cancelled

\_\_\_\_\_  
effective date

\_\_\_\_\_  
initials

\$ \_\_\_\_\_  
student account charged

- Graduate Student Qtr
- Graduate Student Sem
- Undergraduate Student