# UC Davis Student Health Insurance Plan (UC SHIP)

## Request to Cancel Waiver

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>STUDENT IDENTIFICATION NUMBER</th>
<th>DATE OF BIRTH</th>
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<tr>
<th>CURRENT ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<th>UC Davis Email Address</th>
<th>Telephone Number</th>
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### Check One:
- ☐ Undergraduate Student
- ☐ Graduate Student (Quarter)
- ☐ Graduate Student (Semester)

I am requesting to cancel my waiver UC SHIP. I understand that future waiver of UC SHIP in the current academic year will not be allowed.

The cancellation will be effective the date this request is received, or a future date specified 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:** insurance@shcs.ucdavis.edu  
**FAX:** (530) 752-7679

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**Office use only:**

- ☐ Graduate Student  
  (Quarter)

- ☐ Graduate Student (Semester)

- ☐ Undergraduate Student  
  (Quarter)

**Date cancelled:** ____________________________ **Effective date:** ____________________________  
**Initials:** ____________________________ **Student account charged:** $ ____________________________