UC DAVIS STUDENT HEALTH INSURANCE PLAN (UC SHIP)
Appeal of Waiver Denial

INSTRUCTIONS: Please read these instructions before filing an Appeal:

1. Appeals must be submitted within fifteen (15) business days of the date of notice of denial.
2. **Please attach a copy (front and back) of your "Current" Insurance Card.**
3. **Please attach a summary of benefits and coverage from your insurance provider.**
4. Appeals will be considered for the current term only.
5. Evaluation of your appeal will be based on UC SHIP comparability guidelines in effect at the time of the original waiver application.
6. Communication regarding the status of your Appeal will be sent to your UC Davis email address.
7. Incomplete appeal forms will not be approved or accepted.

Student Information ***(please print legibly)***

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

Last Name First Name MI	Student Identification #	Date of Birth
UC Davis Email Address		Telephone Number

Term of Appeal:

☐ Fall Quarter 2019 ☐ Winter Quarter 2020 ☐ Spring Quarter 2020

☐ Fall Semester 2019 ☐ Spring Semester 2020

Please advise in the space provided below (and on the back of this form, if necessary) as to why your waiver was denied.
Please type or print clearly. Please be detailed and specific.

Reason: _____

_____

_____

I attest that the information above is true and accurate and reported to the best of my ability.

_____ _____
Signature Date

***** *Disclaimer: Submission of an Appeal of Wavier Denial form is not a guarantee of approval*****

Return form to: Student Health and Counseling Services; Attn: Insurance Services
UC Davis
One Shields Ave.
Davis, CA 95616-8711
Fax: (530)752-7679 Email: waiver@shcs.ucdavis.edu

Office Use Only:

Waiver Appeal ☐ Approved ☐ Not Approved Initial ____ Date _____