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

INSTRUCTIONS: Please read these instructions before filing an Appeal:

1. Your appeal must be submitted within fifteen (15) business days of the date of notice of denial. Appeals received after the fifteen day notice of denial period will not be considered for the current term.
2. **Please attach a copy (front and back) of your "Current" Insurance Card.**
3. **Please provide documentation from your Insurance Provider that clarifies your current insurance benefits. Documentation can be a letter from your Insurance Provider stating your benefit as it pertains to the question(s) you marked incorrectly. We will also accept a copy of your benefit summary.**
4. Appeals will be considered for the current term only. Waivers granted on appeal will NOT be applied to any previous school term.
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 of Waiver Denial will be sent to your UC Davis email address.
7. Failure to complete this entire form, or to provide appropriate documentation, will result in your appeal being denied. You will remain enrolled in UC SHIP for the 2018-19 academic year and be responsible for all UC SHIP charges.

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

Current Address	City	State	Zip Code

UC Davis Email Address	Telephone Number

Term of Appeal:

☐ Fall Quarter 2018 ☐ Winter Quarter 2019 ☐ Spring Quarter 2019

☐ Fall Semester 2018 ☐ Spring Semester 2019

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 _____