

# UC DAVIS STUDENT HEALTH INSURANCE PLAN (UC SHIP)

## Cancellation and Refund Request

In certain extraordinary circumstances, you may request cancellation of your UC SHIP insurance coverage and a refund of your UC SHIP fee. Cancellation of coverage and refund of the UC SHIP fee are granted at the sole discretion of the UC SHIP Administrator at Student Health and Counseling Services (SHCS). Notification of approval or denial will be sent to the email address you list on this form.

Submit form to:

Email – [insurance@shcs.ucdavis.edu](mailto:insurance@shcs.ucdavis.edu)

Fax – (530) 752-7679

**Please provide the following information:**

Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Last Registered Class Status:** (Check only one)

\_\_\_\_ Undergraduate      \_\_\_\_ Graduate (Quarter)      \_\_\_\_ Graduate (Semester)

**Reason for Registration Status Change:**

DISMISSED – Quarter/Semester Dismissed: \_\_\_\_\_ Effective Date: \_\_\_\_\_

OTHER – Quarter/Semester Dismissed: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Please Describe: \_\_\_\_\_

**Please initial all that apply:**

\_\_\_\_ I have not obtained any medical services or pharmaceuticals that could be charged to my UC SHIP insurance since \_\_\_\_\_ (start date of current academic term).

\_\_\_\_ I have not filed and will not file any claims to UC SHIP for medical services or pharmaceuticals obtained on or after \_\_\_\_\_ (start date of current academic term).

\_\_\_\_ I understand that I may not re-enroll in UC SHIP during the current academic term, and that I will not be eligible for UC SHIP in the future unless I return to active student status at UC Davis.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your UC SHIP cancellation and fee refund request is approved, effective date \_\_\_\_\_. Your student account will be credited.

Your UC SHIP cancellation and fee refund request has been denied. Your UC SHIP coverage will continue through \_\_\_\_\_ (last day of current term).

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (UC SHIP Administrator)      Date: \_\_\_\_\_