

UC DAVIS STUDENT HEALTH INSURANCE PLAN (UC SHIP)

Request to Cancel Waiver

LAST NAME	FIRST NAME	MI	STUDENT IDENTIFICATION NUMBER	DATE OF BIRTH
CURRENT ADDRESS			CITY	STATE
UC DAVIS EMAIL ADDRESS			TELEPHONE NUMBER	
ZIP CODE				

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	Hours of Operation:
Student Health and Wellness Center	M-T-Th-F 8 am-5:30pm
University of California, Davis	Wed 9am-5:30pm
Davis, CA 95616-8711	
Email: insurance@shcs.ucdavis.edu	FAX: (530) 752-7679

<i>Office use only:</i>		
_____	_____	<input type="checkbox"/> Graduate Student (Quarter) \$1,448
date cancelled	effective date	<input type="checkbox"/> Graduate Student (Semester) \$2,172
_____	\$ _____	<input type="checkbox"/> Undergraduate Student (Quarter) \$764
initials	student account charged	