

**UC DAVIS STUDENT HEALTH INSURANCE PLAN (UC SHIP)**

**Request to Cancel Waiver**

|                        |            |    |                               |               |
|------------------------|------------|----|-------------------------------|---------------|
| LAST NAME              | FIRST NAME | MI | STUDENT IDENTIFICATION NUMBER | DATE OF BIRTH |
| UC DAVIS EMAIL ADDRESS |            |    | TELEPHONE NUMBER              |               |

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

I am requesting to cancel my UC SHIP waiver. I understand that I **will NOT** be allowed to waive UC SHIP again during the current academic year.

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 pro-rated. 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

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

FAX: (530) 752-7679

*Office use only:*

\_\_\_\_\_  
date cancelled

\_\_\_\_\_  
effective date

\_\_\_\_\_  
initials

\$ \_\_\_\_\_  
student account charged

- Graduate Student Qtr (\$1,824 per Qtr)
- Graduate Student Sem (\$2,736 per Sem)
- Undergraduate Student (\$920 per Qtr)