

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	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Graduate Student (Quarter Student)	<input type="checkbox"/> Graduate Student (Semester Student)
Last Name	First Name	MI	Student Identification #
UC Davis Email Address			Telephone Number
		Date of Birth	

Term of Appeal:

- Fall Quarter 2020
 Winter Quarter 2021
 Spring Quarter 2021
 Fall Semester 2020
 Spring Semester 2021

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 _____