UC Davis Student Health Insurance Plan (UC SHIP)
Waiver Application 2020-2021
QUARTER STUDENTS (Graduate and Undergraduate)

INSTRUCTIONS

1. **Make a copy** of your completed waiver application and retain in as your receipt.
    a. The burden of proof that a waiver application was submitted resides with the student.
2. **Submit** the completed waiver application, a **copy of your current insurance** ID card, a **summary of benefits** and a **letter of coverage**, to the Insurance Services office at Student Health.
3. **Paper Waiver applications** may take up to **30 days** to process.

Mailing Address:

Student Health and Counseling Services
Attn: Insurance Services
UC Davis, One Shields Ave., Davis, CA 95616

Email: waiver@shcs.ucdavis.edu

Fax: (530) 752-7679

**Incomplete waiver applications will not be processed.

PART I – Student Information

Student ID Number: _____ Telephone Number: _____

Name (Last, First): _____

UC Davis Email Address: _____ Date of Birth: _____

PART II – Insurance Plan Information

Name of Insurance Company: _____ Insurance ID #: _____

Insurance Group Number: _____ Insurance Company Phone #: _____

Primary Subscriber: _____ Primary Subscriber Date of Birth: _____

If Medi-Cal, please list which county your coverage is active in: _____

PART III – Insurance Plan Benefits

1. **Does your health insurance plan provide unrestricted access to an in-network hospital or doctor providing full, non-emergency medical and behavioral health care within 175 miles of campus or the student's place of residence while attending school?**
    ☐ YES
    ☐ NO
2. **Does your plan have an annual out-of-pocket maximum of $8,150 OR LESS for an individual or $16,300 OR LESS for a family?**
    ☐ YES
    ☐ NO
3. **Does your health insurance plan cover all of the following services?**
    - Inpatient (hospital) and outpatient care for mental health and substance abuse disorder conditions the same as any other medical condition
    - Doctor office visits for medical, including mental health, and alcohol/drug abuse conditions
    - Provides coverage for all Minimum Essential Health Benefits. For a list of the current minimum essential health benefits, please see: https://www.cms.gov/cciio/resources/data-resources/ehb.html

    ☐ YES
    ☐ NO

4. **Is your health care plan based on reimbursement of your expenses paid at the time of service for medical care? (Under this type of plan, you pay for medical, pharmacy and behavioral health services out of your own pocket and obtain reimbursement afterwards from another party.)**
   - ☐ YES
   - ☐ NO

Part V – Acknowledgements

By initialing the statements below and electronically signing at the bottom of this page, I acknowledge the following:

- I request a waiver of participation for the university student health insurance plan. I acknowledge that I am legally responsible for **any** and **all** medical expenses during my enrollment at UC Davis, and that UC Davis will not be responsible for any medical expenses I may incur. I agree that I will maintain health insurance at all times during the waiver period. If I do not for any reason, I will notify Insurance Services immediately. By submitting this form, I attest that the information provided about my health insurance coverage is true and correct. _____(initial)

- I agree to provide a copy of my health insurance identification card or other documentation as requested by the university or its agent. I understand that if I fail to provide documentation upon request, I will be enrolled in UC SHIP and premium for the full coverage period will be billed to my student account. _____ (initial)

- I acknowledge that if my waiver request is approved, this waiver of enrollment in UC SHIP is valid until next Fall term, at which time, I am required to request to waive enrollment in UC SHIP again if I still have health care coverage that meets UC's waiver criteria.
  I must re-apply to waive enrollment in UC SHIP prior to the start of each Fall term. _____ (initial)

DEADLINE for Quarter Students (submit by)	Approved waiver applies to the following quarters
September 1, 2020	Fall, Winter and Spring Quarters
December 1, 2020	Winter and Spring Quarters Only
March 1, 2021	Spring Quarter Only

***IMPORTANT NOTICE**: Your waiver application will be subject to audit for which you may be asked to provide additional information regarding your health insurance plan. If the coverage information you provide does not meet the university's criteria and this request fails to pass the audit, you will be enrolled in UC SHIP and charged the premium fee for the full coverage period on your campus account.*

Please verify that you have read and understood these acknowledgements by entering your name here:

Student Signature _____ ***Date:*** _____

If a person other than the student is completing this form, please enter your name and relationship to the student applying for this request to waive enrollment in UC SHIP.

Name: _____ ***Relationship to student:*** _____

For Office Use Only:

Approved _____ Denied _____ By: _____ Date: _____

Fall Qtr. _____ Wtr Qtr. _____ Spring Qtr. _____