

# UC Davis Student Health Insurance Plan (UC SHIP) Waiver Application 2024-25

## **Student Information:** (Check all that apply)

- Undergraduate Student
- Graduate Student
  - Quarter
  - Semester

Student ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

UC Davis Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## **Insurance Plan Information:**

Name of Insurance Company: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_ Insurance Company Phone#: \_\_\_\_\_

Primary Subscriber Name: \_\_\_\_\_ Primary Subscriber Date of Birth: \_\_\_\_\_

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

## **Insurance Plan Benefits:** Please answer the following questions

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 \$9,450 OR LESS for an individual, or \$18,900 OR LESS for a family?
  - YES
  - NO
3. Does your health insurance plan cover all of the following services? (Check if YES)
  - 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/ciio/resources/data-resources/ehb>
4. Is your health care 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 then obtain reimbursement afterwards from another party.)
  - YES
  - NO

**International Students Only** – Please answer the following questions about your health insurance plan:

1. Does it have a per-medical or per-mental health/substance use disorder condition maximum dollar limit?  
 YES  
 NO
2. Does it cover all of the following: services related to suicidal conditions, including attempted suicide or suicidal thoughts; participation in all types of recreational or amateur sports; pre-existing conditions with no limitations or waiting periods?  
 YES  
 NO
3. Does it have a lifetime maximum on benefits?  
 YES  
 NO
4. Does it have a complete master policy written in standard English, with benefits expressed in U.S. dollars?  
 YES  
 NO
5. Does it have a claims payment office with an address and phone number in the United States?  
 YES  
 NO
6. Does it pay at least \$50,000 annually for medical evacuation?  
 YES  
 NO
7. Does it pay at least \$25,000 for repatriation of remains?  
 YES  
 NO

**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 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)
- 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)

**Waiver applications must be submitted each academic year.**

If your waiver is approved, it will be effective for all applicable terms of the 2024-2025 academic year only.

**Required Documentation:**

You will need to submit the following documentation with your completed waiver application:

-Proof of eligibility, dated within the last 30 days, which shows your coverage is currently active

-This can be in the form of a letter or email from your insurance company, or a screenshot of your online member portal that shows your coverage is active

-A copy of your current insurance ID card (front and back)

-A copy of the summary of benefits for your plan (Not required for students enrolled in Tricare/Military, Medi-Cal, or Kaiser Permanente)

**Deadlines:**

<b>Deadline for Quarter Students (submit by)</b>	<b>Late Waiver Deadline for Quarter Students</b>	<b>Approved Waiver applies to the following terms:</b>
September 1, 2024	October 1, 2024	Fall, Winter, and Spring
December 1, 2024	January 1, 2025	Winter and Spring
March 1, 2025	April 1, 2025	Spring only
<b>Deadline for Semester Students (submit by)</b>		
<b>Deadline for Semester Students (submit by)</b>	<b>Late Waiver Deadline for Semester Students</b>	<b>Approved Waiver applies to the following terms:</b>
August 1, 2024	September 1, 2024	Fall and Spring
December 1, 2024	January 1, 2025	Spring only

**Is This Waiver Late/Submitted Past the Deadline?**

YES

NO

If yes, please explain why:

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\*\*\*Approved late waivers are subject to a \$50 late waiver administrative fee\*\*\*

**How To Submit:**

You can submit the waiver application, and all required documentation in the following ways:

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

**Fax:** (530) 752-7679

**In Person:** Insurance Services Office, 3<sup>rd</sup> Floor, Student Health and Wellness Center

**Paper waiver applications may take up to 30 days to process  
Incomplete waiver applications will not be processed**

**QUESTIONS:** If you have any questions about the waiver process, please contact the Insurance Services department via email at [waiver@shcs.ucdavis.edu](mailto:waiver@shcs.ucdavis.edu)

**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. _____	
Fall Sem _____	Spr Sem _____		