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: **waiver@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)