

UC DAVIS STUDENT HEALTH INSURANCE PLAN (UC SHIP)

Cancellation and Refund Request

In certain extraordinary circumstances, you may request cancellation of your UC SHIP insurance coverage and a refund of your UC SHIP fee. Cancellation of coverage and refund of the UC SHIP fee are granted at the sole discretion of the UC SHIP Administrator at Student Health and Counseling Services (SHCS). Notification of approval or denial will be sent to the email address you list on this form.

Submit form to:

Email – insurance@shcs.ucdavis.edu

Fax – (530) 752-7679

Please provide the following information:

Date: _____ Student ID Number: _____ Phone: _____

Name: _____ Email: _____

Last Registered Class Status: (Check only one)

____ Undergraduate ____ Graduate (Quarter) ____ Graduate (Semester)

Reason for Registration Status Change:

DISMISSED – Quarter/Semester Dismissed: _____ Effective Date: _____

OTHER – Quarter/Semester Dismissed: _____ Effective Date: _____

Please Describe: _____

Please initial all that apply:

____ I have not obtained any medical services or pharmaceuticals that could be charged to my UC SHIP insurance since _____ (start date of current academic term).

____ I have not filed and will not file any claims to UC SHIP for medical services or pharmaceuticals obtained on or after _____ (start date of current academic term).

____ I understand that I may not re-enroll in UC SHIP during the current academic term, and that I will not be eligible for UC SHIP in the future unless I return to active student status at UC Davis.

STUDENT SIGNATURE: _____ **DATE:** _____

Your UC SHIP cancellation and fee refund request is approved, effective date _____. Your student account will be credited.

Your UC SHIP cancellation and fee refund request has been denied. Your UC SHIP coverage will continue through _____ (last day of current term).

Reason for Denial: _____

Date: _____

Authorized Signature (UC SHIP Administrator)