

Insurance Waiver Reversal Request 2011-2012

UCSC Student Health Services
 Student Health Insurance Office
 1156 High Street
 Santa Cruz, CA 95064

Phone: (831) 459-2389
 Fax: (831) 459-4050
 E-mail: insure@ucsc.edu
 Web: <http://healthcenter.ucsc.edu>

Insurance Waiver Reversal Request

The Insurance Waiver Reversal Request is intended for students who have waived out of the UC Student Health Insurance Plan (UC SHIP) and now wish to re-enroll.

If the Waiver Reversal Request is approved, we will post the insurance premium charges on your student account and you should see that on your next billing statement plus you will be charged the premium for each subsequent quarter. If the waiver reversal request is submitted within the 30 day enrollment period for the quarter, the effective date will go back to the beginning of the quarter. If submitted after the 30 day enrollment period, the effective date will be the date this form was signed. We cannot pro-rate Waiver Reversal Requests, the full premium will be charged.

The student must come to the insurance office for an explanation of plan benefits, to receive a copy of the insurance booklet(s) and for a temporary insurance card. Please contact our office with any questions at the telephone number or email address above.

Instructions: Please complete all sections, sign, date, and submit to the Student Health Insurance Office

Last Name	First Name	MI	Student ID	DOB
Current Address		City	State	Zip
Telephone Number			Email	
Reason for request:				
Specify Term (Check only one of the boxes) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring				
Undergraduate <input type="checkbox"/>	I wish to reverse the UC SHIP Undergraduate Health Insurance Waiver that was previously submitted. I wish to accept the UC SHIP plan and will pay the per quarter fee of \$472 beginning in with the term specified above:			
Graduate <input type="checkbox"/>	I wish to reverse the UC SHIP Graduate Health Insurance Waiver that was previously submitted. I wish to accept the UC SHIP plan and will pay the per quarter fee of \$889 beginning in with the term specified above:			
Student Signature (Parent/Guardian signature if student is a minor)			Date	

For Office Use Only

Reviewed by:	Date Approved:	F/M Updated yes no	PnC Updated yes no
Comments:			