

UNIVERSITY OF CALIFORNIA, SAN DIEGO
SUMMER 2020 EARLY START UC HEALTH INSURANCE PLAN (UCSHIP)
HEALTH INSURANCE AGREEMENT – SUMMER SUCCESS PROGRAMS
DEADLINE FOR THIS FORM IS 6/26/2020

MANDATORY INSURANCE REQUIREMENT:

As a non-academic condition of enrollment at UCSD, the UC Regents require all registered students to have adequate health insurance coverage and therefore provides the UC Student Health Insurance Plan (UC SHIP), which is a comprehensive health insurance plan. All registered students are **automatically** enrolled in UCSHIP. Students already enrolled in a comparable health insurance plan may waive UC SHIP coverage by completing a Health Fee Waiver application during the FALL 2020 waiver period (open 5/1/2020). Comparable coverage must meet the requirements set by the UC Regents.

Refer to <http://studenthealth.ucsd.edu> for more information regarding UCSHIP and the Health Fee Waiver.

EARLY START UCSHIP:

Since your program begins prior to the start of the official campus fall quarter (September 28, 2020), Early Start UCSHIP coverage is being offered to you for Summer 2020. **Students enrolling in the Early Start UCSHIP for Summer 2020 are NOT eligible to waive the UCSHIP during the FALL 2020 waiver period.**

COST OF UCSHIP:

The cost of Early Start UCSHIP is a one-time supplemental fee, based on your program start date. This fee (see below) is separate from the quarterly UCSHIP fee of \$692.

If you elect to enroll in the Early Start coverage, the Early Start fee will be charged to your campus billing account.

The supplemental Early Start fee will be as follows:

PROGRAM NAME:	UCSHIP COVERAGE DATE:	SUPPLEMENTAL FEE:
○ Summer Bridge	July 13, 2020 through September 27, 2020	\$ 430.39

The supplemental Early Start fee for Summer 2020, will appear on the student's June 2020 e-bill statement account along with the fall quarter UCSHIP fee and other mandatory fall quarter registration fees. All fees must be paid by the corresponding billing due date.

HEALTH INSURANCE AGREEMENT INSTRUCTIONS:

- **All students participating in a UCSD Summer Success Program must complete this form if they want the Early Start coverage.**
- **RETURN PAGE 2 of this completed form to jbattikha@ucsd.edu by the first day of your program. PLEASE KEEP PAGE 1 FOR YOUR RECORDS.**
- Students electing to waive Early Start UCSHIP must complete the on-line Health Fee Waiver application during the fall quarter waiver period (May 1 through June 26, 2020) to prevent enrollment in the UCSHIP beginning with Fall 2020. If approved you will be waived for the entire academic school year. You **MUST** refile a new health fee waiver each academic year prior to Fall.
- Students who submit a Health Fee Waiver must have insurance coverage that meets the Affordable Care Act.
 - **Students who fail to submit the online fall quarter waiver will be enrolled in the UCSHIP effective September 28, 2020, you will be required to pay for the health fee.**

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PID:	ADDRESS:
STUDENT NAME:	CITY, STATE, ZIP:
DATE OF BIRTH:	CONTACT PH#:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	E-MAIL ADDRESS:

PROGRAM NAME: Summer Bridge	UCSHIP COVERAGE DATE: July 13, 2020 through September 27, 2020	SUPPLEMENTAL FEE: \$ 430.39
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Please CAREFULLY read and check one of the following:

- Yes, I want to enroll in Early Start UCSHIP for Summer 2020.** I understand that:
- After my program start date, I will not be eligible to waive the UC SHIP for Early Start or FALL 2020 under ANY circumstances. If I submit a waiver during the fall quarter waiver period, my waiver for fall quarter will be denied.
 - I will be billed for the supplemental Early Start UCSHIP fee indicated above.
 - I will be billed for the FALL 2020 UCSHIP fee of \$692.
 - I will be eligible to request a waiver beginning with the Winter 2021 quarter, if desired.

I have read page 1 of the Health Insurance Agreement Form. I have also read and understand the above statements and understand that this document serves as a contractual agreement.

Student's Signature: _____ Date: _____

For Internal Use Only Waiver submit date: _____ Waiver status: _____

Apply Early Start Fee? YES / NO Date Charged: _____

Comments: _____