

UNIVERSITY OF CALIFORNIA, SAN DIEGO, STUDENT HEALTH INSURANCE OFFICE
9500 GILMAN DRIVE, MC 0039, LA JOLLA, CA 92093-0039
(858) 534-2124 OFFICE (858) 822-5910 FAX

2024-2025 SHIP EXCEPTION TO CLOSED ENROLLMENT FORM

Undergraduate Graduate Medical Pharmacy

STUDENT NAME:	ADDRESS:
STUDENT PID#:	CITY, STATE, ZIP:
DATE OF BIRTH:	CONTACT PHONE:
UCSD E-MAIL:	CLOSED ENROLLMENT FOR: <input type="checkbox"/> FALL 24 <input type="checkbox"/> WINTER 25 <input type="checkbox"/> SPRING 25

To enroll into the UC Student Health Insurance Plan (UCSHIP) after the first day of the quarter due to loss of other insurance, students must submit this completed form and documentation from previous insurance company or employer (on employer letterhead), providing:

- a. reason for termination of coverage
- b. effective date and termination date of coverage
- c. name of subscriber
- d. name of insurance company (if letter is from employer)

Both documents must be emailed to SHIP3@ucsd.edu for review. Your request will not be processed unless these documents are submitted.

If approved, your waiver will be cancelled for the remainder of the academic year. The UCSHIP waiver credit will be reversed and the Health Fee charge will post to your student billing account. The SHIP fee is not prorated. **The UCSHIP fee of \$898/undergraduate or \$1,881/graduate/professional students must be paid immediately.** Payment should be made to the Student Business Service Cashier's Office or on TritonLink. Payments are not accepted at the Student Health Insurance Office. Insurance for UCSHIP is effective as of the date their other coverage terminates, if the form is received within 31 days of the loss of coverage. If the student does not submit the form within 31 days, coverage is effective on the date UCSHIP premium is paid in full. UCSHIP premium will be automatically assessed each subsequent quarter with registration fees and must be paid by the appropriate due date according to the official UCSD Enrollment and Registration calendar.

I elect to cancel my UCSHIP waiver and purchase UCSHIP for the remainder of the academic year. If approved, I understand I will be responsible for payment, for this quarter, of UCSHIP premium as of today's date. I understand I will be automatically assessed the premium for UCSHIP each following quarter with registration fees. I understand that if I wish to waive UCSHIP later in the year, I will be required to apply online for a new waiver by the scheduled waiver deadline for the applicable quarter.

Student's Signature

Date

Internal Use Only

TASK	DATE COMPLETED	COMPLETED BY
Entered in ISIS (CONTAUTH/CONTOVR/RAFT)		
Waiver Log Updated (AHP)		
Entered in Waiver Changes Log		
Email to Student to Confirm Cancellation/Enrollment		
Payment confirmed (Coverage effective _____)		
Notification to AHP (Roster)		
Updated EPIC		
RAFT fee reversed, if applicable		