

### 2024-2025 WAIVER CANCELLATION FORM

USE THIS FORM IF YOU WERE APPROVED FOR A HEALTH FEE WAIVER BUT WOULD LIKE TO CANCEL YOUR WAIVER AND ENROLL INTO THE UC STUDENT HEALTH INSURANCE PLAN (UCSHIP).

To cancel your waiver for:	Form must be submitted on or before*:
Fall 2024	9/23/2024
Winter 2025	1/2/2025
Spring/Summer 2025	3/25/2025

\*IF THE ABOVE DATE HAS PASSED AND YOU ARE NO LONGER COVERED BY YOUR OTHER INSURANCE PLAN, PLEASE REFER TO THE "EXCEPTION TO ENROLLMENT" FORM

Undergraduate    
  Graduate    
  Medical    
  Pharmacy

<b>STUDENT NAME:</b>	<b>ADDRESS:</b>
<b>STUDENT PID#:</b>	<b>CITY:</b>
<b>DATE OF BIRTH:</b>	<b>STATE:</b> <b>ZIP:</b>
<b>UCSD E-MAIL:</b>	<b>CONTACT PHONE #:</b>

**INSTRUCTIONS:** Submit completed form to the Student Health Insurance Office by emailing to [SHIP3@ucsd.edu](mailto:SHIP3@ucsd.edu). Please allow 48 hours for processing. The fee for UCSHIP will be assessed to your student account and must be paid by the appropriate due date according to the Enrollment and Registration Calendar. Please contact the Student Health Insurance Office if you have any questions.

**IMPORTANT NOTE:** Your waiver will be cancelled for all remaining quarters in the current academic year.

I elect to cancel my UCSHIP waiver and purchase UCSHIP for the remainder of the academic year. I understand that I will be automatically assessed the insurance premium each quarter with registration fees. I understand that I am now responsible for the insurance premium as of today's date. I understand that if I wish to waive UCSHIP later in the year, I will be required to visit the Insurance Office to apply for another waiver by the deadline date for the applicable quarter.

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Student's Signature

\_\_\_\_\_

Date

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*Internal Use Only*

TASK	DATE COMPLETED	COMPLETED BY
ISIS updated (CONTAUTH, CONTOVR)		
Waiver Changes Log Updated, if necessary		
Emailed Confirmation to Student		
EPIC updated		
Notification to AHP, if necessary		
RAFT: GP PERSDATA, if necessary		
RAFT: charge reversed, if necessary		