

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

SHIP 2009-2010 EXCEPTION TO CLOSED ENROLLMENT FORM

Undergraduate Graduate Medical Pharmacy Foreign Undergraduate

STUDENT NAME:	ADDRESS:
STUDENT PID#:	CITY, STATE, ZIP:
DATE OF BIRTH:	CONTACT PHONE:
UCSD E-MAIL:	TERM APPLIED: <input type="checkbox"/> FALL 2009 <input type="checkbox"/> WINTER 2010 <input type="checkbox"/> SPRING 2010

INSTRUCTIONS

To request an Exception to Closed Enrollment (apply for the SHIP Insurance after the open enrollment period) students must submit the following items:

1. SHIP Exception to Closed Enrollment Application*
2. Letter from previous insurance company* providing: **OR** Letter from employer*, on letterhead, providing:

<ol style="list-style-type: none"> a. reason for termination of coverage b. effective date and termination date of coverage c. name of subscriber 	<ol style="list-style-type: none"> a. reason for termination of coverage b. effective date and termination date of coverage c. name of insurance company d. name of subscriber
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3. Check or money order made payable to UC Regents in the amount of **\$282/undergraduate or \$552/graduate/professional**; include full name, address, local phone, and PID # on personal checks. Pay fees at the Central Cashier's office. Payments are not accepted at the Student Health Insurance Office.

***The required documents must accompany application. Your request will not be processed unless these items are provided to the Insurance Office for review.**

If approved, your waiver will be cancelled for the remainder of the academic year. Insurance for SHIP for the current quarter becomes effective at 12:01 a.m. on the date following the date SHIP premium payment is received by the University. SHIP premium will be automatically assessed each following 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 SHIP waiver and purchase SHIP for the remainder of the academic year. If approved, I understand I will be automatically assessed the premium for SHIP each following quarter with registration fees. I understand I will be responsible for payment, for this quarter, of SHIP premium as of today's date. I understand that if I wish to waive SHIP later in the year, I will be required to visit the Insurance Office to apply 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		
Waiver Log Updated		
Entered in Waiver Changes Log & MedPro		
Email to Student to Confirm Cancellation		
Updated Waiver Changes Log & MedPro (Payment Confirmed)		
Notification to Renaissance (Roster)		
Quality Review		