

2009-2010 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 STUDENT HEALTH INSURANCE PLAN (SHIP).

To cancel your waiver for:	Form must be submitted by:
Fall 2009	09/21/2009
Winter 2010	01/01/2010
Spring/Summer 2010	03/25/2010

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

- Undergraduate
 Graduate
 Foreign Undergraduate
 Medical
 Pharmacy

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

INSTRUCTIONS: Submit completed form to the Student Health Insurance Office by fax (858) 822-5910 or in person. Please allow 48 hours for processing. The fee for SHIP 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 SHIP waiver and purchase SHIP 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 SHIP 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.

Student's Signature

Date

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Internal Use Only

TASK	DATE COMPLETED	COMPLETED BY
Entered in ISIS (CONTAUTH, CONTOVR)		
Waiver Log Updated		
Waiver Changes Log Updated, if necessary		
Emailed Confirmation to Student		
Updated PnC		
Quality Review		