

WAIVER HAS BEEN APPROVED

Transaction#: 12351

Submission Date: 5/25/2016

Campus Name: University of California Berkeley

****Please print this screen for your records as evidence of your waiver application approval. You will not be able to return to this screen.****

The University of California, *requires* all eligible students to have adequate health insurance with medical and behavioral health benefits. The waiver application questions you completed are based upon the University's required minimum health care criteria for all registered University of California students.

Your waiver is effective for the duration of the SHIP term. A new waiver application must be submitted each academic year.

Even though you are not enrolled in Berkeley SHIP, as an eligible **registered** student you are still eligible to receive services at UHS. Services are available at UHS regardless of insurance coverage.

Your Berkeley SHIP waiver has been approved with the understanding that you will maintain health insurance with plan benefits that meet the UC waiver criteria at all times during this SHIP term (Fall 8/15/16-12/31/16, Spring 1/1/17-7/31/17). If your health insurance is terminated or changed during this time, you are required to notify the student health insurance office in a timely manner.

If you decide that you want Berkeley SHIP coverage at a later date due to loss of coverage, please complete a SHIP [Waiver Reversal Form](#) , which can be obtained on UC Berkeley's web page or from University Health Services.

All Medi-Cal, Health Management Organization plans, International plans, students turning 26 this term and a random sample of applicants will be contacted via the email address the student has on file with UCB and are required to provide a copy of their health insurance identification card and/or other documentation as proof of insurance. The University has the right to verify that your plan meets the current waiver criteria. If you fail to provide documentation as requested by the allotted time or if upon verification your plan does not meet the waiver criteria, your waiver approval will be cancelled and you will be enrolled in Berkeley SHIP without opportunity for appeal. The premium for the full SHIP term will be billed to your student account. Please Note: We will not send audit communications to the alternate email address you may have entered in this waiver application.

University Health Services Home Page: <https://uhs.berkeley.edu/>

Please note, minimum benefit standards represented in this waiver application may be revised for future waiver periods if health care legislation or UC policy requires such a change.

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