

Petition for Early Cancellation of Cardinal Care Health Insurance

(Applies to Autumn and Winter Quarter Degree Conferrals Only)

STUDENT NAME	STANFORD UNIVERSITY I.D. NUMBER
STUDENT EMAIL ADDRESS	

I will graduate at the end of: *(check appropriate quarter)*

☐ **Autumn Quarter**

Deadline to submit petition is December 15

**Cardinal Care health insurance coverage
will end December 31**

☐ **Winter Quarter**

Deadline to submit petition is April 15

**Cardinal Care health insurance coverage
will end April 30**

As part of graduating and ending my student status with the university, I will no longer need health insurance coverage through Cardinal Care. I hereby request to exit the plan prior to the end of the applicable annual coverage period, as indicated above. I understand that termination of my Cardinal Care coverage (as of the date corresponding to the quarter in which I graduate) will render my dependents who are enrolled on the Stanford University Student Dependent Plan (if applicable) ineligible for coverage, as of the same date, as well.

SIGNATURE OF STUDENT

DATE

How to Submit This Form

Fax signed and completed form to 650-725-9970 or **Submit a ServiceNow ticket:**

1. Go to stanford.service-now.com/student_services
2. Select 'Student Health'
3. Select 'Petition for Early Cancellation of Cardinal Care (Degree Conferral)'
4. Attach your signed and completed form

An Insurance Office representative will respond to your request via email within 5 business days.

OFFICE USE ONLY:

REQUEST GRANTED (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DENIAL
DATE STUDENT INFORMED	
EMPLOYEE SIGNATURE	

7.2020