STUDENT HEALTH INSURANCE PLAN (SHIP)

SHIP ENROLLMENT APPLICATION
AY 2015-16

This form is for students canceling their approved UC SHIP Waiver Application. Waivers can only be canceled within the first thirty (30) days of the insurance term or with loss of coverage with proof from your insurance carrier.

I hereby cancel my UC SHIP Waiver Application _____
Signature

Student Information (please print legibly) ☐ **Undergraduate** ☐ **Graduate**

Last Name	First Name	MI	Student ID	DOB

Current Local Address	City	Sate	Zip Code	Telephone Number

UC Merced Email Address	
@ucmerced.edu	☐ Male ☐ Female

Please indicate your requested Semesters of coverage *(must be contiguous)*

☐ 2015-16 AY ☐ Fall 2015 ☐ Spring 2016

Effective Date of Coverage: Your coverage will begin on the first day of the semester indicated above. However, if you are enrolling for the current semester already in progress, your coverage will begin on the date your application is received in the Student Health Center Insurance Office.

SHIP Enrollment Costs	**Fall 2015** *8/15/2015 – 01/14/2016*	**Spring 2016** *01/15/2016 – 08/14/2016*
Undergraduate Students	$873.77	$1,223.23
Graduate Students	$887.62	$1,242.38

Your payment receipt (cash, check or credit card) must accompany this form if you are cancelling your Waiver Application past the payment deadline for the current term. Checks should be made payable to UC Regents. Pay at Cashier's Office then submit receipt with this form.

Amount Paid $_____ Receipt # _____

Signature _____ Date _____

Return to: Insurance Coordinator
H. Rajender Reddy Health Center
University of California, Merced
5200 North Lake Road
Merced, CA 95343

Office use only:

_____ Date Cancelled _____ Effective Date

☐ Graduate Student

☐ Undergraduate Student

_____ Initials

Trans # _____

Wells Fargo _____
UCM SBS _____