

STUDENT HEALTH INSURANCE PLAN (SHIP)

APPEAL OF WAIVER DENIAL

INSTRUCTIONS: Please read all of the instructions below before filing an Appeal:

1. If your Waiver Application was denied because you missed the waiver application deadline, **DO NOT FILE AN APPEAL.** Appeals will not be considered for students missing the waiver deadline.
2. **Your appeal must be submitted within seven (7) days of the date of notice of denial.** Appeals received after the seven-day grace period will not be considered.
3. Appeals will be considered for the current term only. Waivers granted on Appeal will NOT be applied to any previous term.
4. Evaluation of your Appeal will be based on comparability insurance guidelines in effect at the time of the original Waiver Application.
5. Communication regarding the status of your waiver appeal will be sent to your UC Merced email address.

Must complete all sections:

SECTION A: Student Information (please print legibly)☐ Undergraduate☐ Graduate

Last Name	First Name	MI	Student ID	DOB
Current Address		City	State	Zip Code
		Cell/Local Telephone Number		
UC Merced Email Address _____@ucmerced.edu				

Term of Appeal: ☐ Academic Year 2015-2016 ☐ Fall Term 2015 ☐ Spring Term 2016

Failure to complete this entire form or to provide appropriate documentation will result in your Appeal being denied. You will remain enrolled in UCSHIP for the appropriate semester and be responsible for all UCSHIP fees.

Attach the supporting documentation for your appeal.

1. **Attach copy of Waiver Denial Notice.**
2. **Attach copy of front and back of current insurance card.**
3. **Attach copy of Insurance Summary of Benefits (this can be found online at your insurance company's website or by calling your insurance company).**

Return to: Insurance Coordinator
 H Rajender Reddy Health Center
 University of California, Merced
 5200 North Lake Road
 Merced, CA 95343
 Fax: 209-228-7650 Email: insurance@ucmerced.edu

In the space provided below (and on back of this form, if necessary) state the nature of your request and circumstances of your case. Please be detailed and specific. Type or write legibly. **Filing an Appeal for missing the Application deadline will not be approved.**

Reason for Appeal:

Disclaimer: Submission of an Appeal of Waiver Denial form is not a guarantee of approval

I attest that the above information is true and accurate to the best of my ability.

APPLICANT'S SIGNATURE _____ DATE _____

Office Use Only:

Waiver Appeal ☐ Approved ☐ Not Approved Initial _____ Transaction # _____ Date: _____