

**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.

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 2014-2015** ☐ **Fall Term 2014** ☐ **Spring Term 2015**

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.

**Attach the supporting documentation for your Appeal.**

**You must include a copy of the Waiver Denial Notice, a copy of the front and back of your current insurance card and a copy of your summary plan benefits (description of what your insurance covers). No action will be taken on your Appeal without the appropriate attachments.**

Return to: Insurance Coordinator  
H Rajender Reddy Health Center  
University of California, Merced  
5200 North Lake Road  
Merced, CA 95340

Reason for Appeal: \_\_\_\_\_

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: \_\_\_\_\_

Reason \_\_\_\_\_