

## UCSF Health Insurance Waiver Reversal Form

### Academic Year 2016-2017

UCSF Student Health and Counseling Services  
500 Parnassus Ave  
Millberry Union, H-005  
San Francisco, CA 94143

Phone: (415) 476-1281  
Fax: (415) 476-6137  
E-mail: [shs@ucsf.edu](mailto:shs@ucsf.edu)  
Web: <http://studenthealth.ucsf.edu/>

The Waiver Reversal Request is intended for students who have waived out of the student health insurance plan(s) and now wish to re-enroll.

If the Waiver Reversal Request is approved, the insurance premium charge will be posted to your student account for the term requested. You will be charged the premium for each subsequent quarter. The effective date of coverage will be the quarter start date if the Waiver Reversal Request is received within 30 days from the start of the quarter. If the Waiver Reversal Request is received after thirty days from the start of the quarter the effective date of coverage will be the date this form was signed. Health insurance premium cannot be pro-rated.

For information on the benefits provided under the student insurance plan please go to the Student Health and Counseling website at <http://studenthealth.ucsf.edu/insurance>. You will find an electronic copy of the insurance brochure. Please contact Student Health and Counseling with any questions at the telephone number or email [shs@ucsf.edu](mailto:shs@ucsf.edu).

**Instructions:** Please complete all sections, sign, date, and submit to the Student Health and Counseling.

Last Name	First Name	MI	MyAccess ID	DOB
Current Address		City	State	Zip
Telephone Number		Email		
Academic Program/Level				
<b>Reason for request:</b>				
<b>Specify term you wish to enroll in the UCSF Student Insurance Plan</b> (Check only one of the boxes) <input type="checkbox"/> Fall Quarter 2016 <input type="checkbox"/> Winter Quarter 2017 <input type="checkbox"/> Spring Quarter 2017 <input type="checkbox"/> Summer Quarter 2017				
I wish to reverse the <b>UC SHIP</b> Health Insurance Waiver that was previously submitted. I wish to accept the University Insurance and will pay the per quarter fee charged to my fee statement beginning with the term specified above:				
Student Signature			Date	

For Office Use Only

Reviewed By:	Date Approved:	FS Updated? Yes No	PnC Updated? Yes No
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Comments: