Student Health Insurance Plan (UC SHIP)
WAIVER APPEAL FORM 17-18

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

If you missed the waiver application deadline, **DO NOT FILE AN APPEAL**. Appeals will not be considered for students missing the waiver deadline. Filing an Appeal for missing the Application deadline **will not be approved.** Evaluation of your Appeal will be based on comparability insurance guidelines in effect at the time of the original Waiver Application.

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.

.

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

Current Address	City	Sate	Zip Code	Date of Birth

UC Merced Email Address	Cell/Local Telephone Number

Appeals will be considered for the current Waiver Period only. Waivers granted on Appeal will **NOT** be applied to any previous Semester.

Semester of Appeal: ☐ **Fall Semester 17** ☐ **Spring Semester 18**

Failure to complete this entire form or to provide appropriate documentation will result in your Appeal being denied. If your plan fails by a single criterion you are not permitted to waive enrollment in UC SHIP.

Please consult with your plan representative if you need assistance. You will remain enrolled in UCSHIP for the appropriate semester and be responsible for all UCSHIP fees.

SECTION B:

Attach the Following supporting documentation for your appeal:

☐ Attach copy of Waiver Denial Notice

☐ Attach copy of front and back of current insurance card.

☐ Attach copy of the Insurance Benefit Summary (this is a breakdown of how your plan will pay for inpatient and outpatient benefits expressed in dollars and/or percentages. This can be found online at your insurance company's website or by calling your insurance company.

☐ If you were denied because you selected **"NO"** that your insurance plan does not provide access to an in-network primary care provider/ hospital providing full non-emergency medical and behavioral health care within 55 miles of campus. You **must** provide the following information:

Primary Care Provider Name: _____

Phone Number: _____

Primary Care Providers address: _____

City: _____ Zip Code: _____

If you have Medi-Cal what county is it from? _____

Student Health Insurance Plan (UC SHIP)
WAIVER APPEAL FORM 17-18

SECTION C: Terms and Conditions

By initialing in the fields below and signing at the bottom of this page, I acknowledge the following:

_____ I am requesting to waive the UC Student Health Insurance Plan (UC SHIP) by this appeal process. I certify that the information I have provided is valid and accurate. I understand that if this information is found to be invalid, inaccurate, or does not meet the criteria for waiving out of UC SHIP, I will be enrolled in UC SHIP and the appropriate fee(s) will be billed to my student account.

_____ I agree to provide a copy of my health insurance identification card and supporting documentation as requested by the University or its agent. I understand that if I fail to submit my appeal and/or provide documentation within the designated (seven) 7 days, I will be enrolled in UC SHIP and the appropriate fee(s) for the full coverage period will be billed to my student account.

_____ I agree and understand that should my UC SHIP waiver remain denied, I will be enrolled in UC SHIP and the appropriate fee(s) for the full coverage period will be billed to my student account. Additionally, I understand that once the result of my appeal is determined, there is no secondary appeal process.

***Please note that it may take up to **30 business days** to process your appeal. You are still responsible for making sure that your fees on your student account are paid by the payment deadline. ***

SECTION D: Waiver Appeal Submission

All Waiver Appeals will be submitted online. No paper appeals will be accepted. You will need to log in and upload all the required documents as stated on the first page.

Waiver Appeals Website:

http://health.ucmerced.edu/insurance/waiver-appeals

Disclaimer: Submission of a Waiver Appeal 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 ☐ Denied Initials _____ Transaction #_____ Date: _____