

UNIVERSITY OF CALIFORNIA, MERCED, STUDENT HEALTH CENTER
 STUDENT INSURANCE OFFICE, 2ND FLOOR
 5200 N. LAKE ROAD, MERCED, CA. 95343
 (209) 228-4876 OFFICE Email: insurance@ucmerced.edu

Waiver Cancellation Form

Student Information (please print legibly)

Undergraduate

Graduate

Last Name	First Name	MI	Student ID	DOB
Current Local Address	City	State	Zip Code	Telephone Number
UC Merced Email Address				<input type="checkbox"/> Male <input type="checkbox"/> Female

Please indicate below your requested Semesters of coverage:

Fall 25

Spring 26

This form is for students canceling their approved UC SHIP Waiver Application. I am requesting to cancel my UC SHIP waiver. I understand that future waiver of UC SHIP in the current academic year will not be allowed. I understand that UC SHIP coverage for semesters in progress will start on the effective date specified on this waiver cancellation request. I will be responsible for a full semester UC SHIP fee, as UC SHIP fees are not prorated. I understand that I will remain enrolled in UC SHIP and will not be allowed to waive for the rest of the current academic year.

SHIP Enrollment Costs	Fall 8/15/2025 – 01/14/2026	Spring 01/15/2026 – 08/14/2026
Undergraduate Students	\$1,138.95	\$1,597.54
Graduate Students	\$2,084.07	\$2,917.71

The charge for insurance will be on your student account. The fee is due August 21 Payment can be made at Campus Cashiering Services or online through MyBill.

Signature _____ Date _____

Office use only:

_____ Date Cancelled	_____ Effective Date	<input type="checkbox"/> Graduate Student
_____ Initials		<input type="checkbox"/> Undergraduate Student
Trans # _____		UCM SBS _____