

UNIVERSITY OF CALIFORNIA, MERCED, STUDENT HEALTH CENTER
 STUDENT INSURANCE OFFICE, 2ND FLOOR
 5200 N. LAKE ROAD, MERCED, CA. 95343
 (209) 228-2273 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:

Fall18

Spring19

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 8/15/2021 – 01/14/2022	Spring 01/15/2022 – 08/14/2022
Undergraduate Students	\$ 904.75	\$1,266.66
Graduate Students	\$1,356.21	\$1,898.70

Your payment receipt (cash, check or credit card) must accompany this form if you are cancelling your Waiver Application past the payment deadline for the current term. Checks should be made payable to UC Regents. Pay at Cashier's Office then submit receipt with this form.

Amount paid: \$ _____

Signature _____ Date _____

Office use only:

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