

UNIVERSITY OF CALIFORNIA, SAN DIEGO
STUDENT HEALTH INSURANCE PLAN (SHIP)
MANDATORY INSURANCE WAIVER APPLICATION
FOR GRAD, MED, PHARMACY AND FOREIGN UNDERGRADUATE STUDENTS

Waiver Deadlines: Fall 2005: 9/30/05 Winter 2006: 1/13/06 Spring 2006: 4/7/06

<i>Student Last Name, First Name:</i>	<i>Student Classification:</i> <input type="checkbox"/> Graduate <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Foreign Undergrad
<i>Student Address:</i>	<i>Student PID#:</i>
<i>Student City, State, ZIP:</i>	<i>Student Date of Birth:</i>
<i>Student Telephone:</i>	<i>Applying for: (Check <u>all</u> quarters you wish to waive)</i>
<i>Student UCSD Email:</i>	<input type="checkbox"/> Fall 2005 <input type="checkbox"/> Winter 2006 <input type="checkbox"/> Spring 2006

To qualify for a waiver, ALL of the following documentation must be submitted with this form to the Student Insurance Office by the deadline noted above. Incomplete waiver applications will not be processed.

- _____ A legible copy of your insurance I.D. card
- _____ Copy of the plan summary of medical benefits, including Mental Health benefits and deductible amount
- _____ Proof that your premium is paid or will be paid to the end of the quarter. Any **one** of:
 - Official receipt of premium paid
 - A canceled check of premium paid
 - A statement from your insurance company
 - A letter from your employer
 - Your most recent paystub showing the deduction for medical insurance
 - If your parent(s) pay your premiums, their **notarized** letter stating their continuing responsibility for your premium payments should suffice.
- _____ *If you are enrolled in a family plan as a spousal dependent, a copy of eligibility documentation.*
- _____ *If you are enrolled in a family plan as a child dependent, a copy of eligibility documentation **including official verification of the age to which you may remain on the family plan.***

Please mail or fax your documents to:

UCSD Student Insurance Office
 9500 Gilman Drive, MC 0061
 La Jolla, CA 92093-0061

Office Fax: 858-822-5910
 Office Phone: 858-534-2124

You may also bring your documents to the Insurance Office located in Building 959 across from the Gilman parking office on Russell Lane. Our office hours are Mon-Fri 8:00-4:30, except Weds. 9:00-4:30, Closed daily from 12-1pm. Closed weekends and University holidays.

By signing below you agree that you have read and understood both the front and back of this form, and that the information you have provided is, to the best of your knowledge, correct. Unsigned waivers will not be processed.

_____ Student Signature

_____ Date

SEE PAGE 2 FOR IMPORTANT SHIP WAIVER INFORMATION!

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WAIVER GUIDELINES: Your existing policy benefits must be comprehensive and comparable to the SHIP coverage. The requirements are as follows:

- Policy deductible of no more than \$500.00 per plan year.
- Policy benefits payable at 70% or more for all services.
- Lifetime aggregate benefits of \$500,000.00 or more per condition.
- If your plan is an HMO or PPN, it must be accredited within California with access to full medical services within 150 miles of the UCSD campus. Full medical services include the use of your Primary Care Physician. If your Primary Care physician is out of the 150-mile area your waiver will be denied.
- Plan must have Inpatient and Outpatient Mental Health benefits available in the San Diego area.
- Policy must be in effect for the full duration of the Quarter(s) you wish to waive.
Fall Quarter 9/19/05-1/6/06 Winter Quarter 1/6/06-3/30/06 Spring/Summer Quarter 3/30/06-9/18/06
- INTERNATIONAL STUDENTS must have medical evacuation benefits of \$10,000 or more.
- INTERNATIONAL STUDENTS must have repatriation benefits of \$10,000 or more.

ELIGIBILITY: Students *are not eligible to waive SHIP* if their private insurance policy was purchased or their enrollment/re-enrollment date is on or after their acceptance date as a Graduate, Medical, Pharmacy or Foreign Undergraduate student at the University of California, San Diego.

- An exception will be considered if, after acceptance to UCSD, a student becomes initially eligible for coverage under a waiver qualifying employee group health insurance plan through permanent employment of student, spouse or parent.
- A policy covering a current pre-existing condition will also be considered. If however, the policy does not meet waiver requirements, it may be necessary to also enroll in SHIP.

IMPORTANT DEADLINE INFORMATION: Consult with the Student Insurance Coordinator *before the deadline* if you are having difficulty obtaining your waiver documentation. Coordinators are available during business hours at the Student Insurance Office on the front of this form. Any questions regarding the waiver process should be directed to the Student Health Insurance office *prior to the waiver deadline* to ensure that your waiver will be submitted complete and on time. Late and/or incomplete waivers are NOT accepted.

WAIVER STATUS NOTIFICATION: All students will receive a notification to the students official UCSD email of waiver approval or denial. Please check your UCSD email consistently to ensure that you receive this information in a timely manner.