

# Waiver Reversal Form 2008-2009

UCSC Student Health Services  
 Student Health Insurance Office  
 1156 High Street  
 Santa Cruz, CA 95064

Phone: (831) 459-2389  
 Fax: (831) 459-4050  
 E-mail: [insure@ucsc.edu](mailto:insure@ucsc.edu)  
 Web: <http://www2.ucsc.edu/healthcenter>

## Waiver Reversal Request

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, we will post the insurance premium charges on the student account and you should see that on your next billing statement plus you will be charged the premium for each subsequent quarter. The effective date will be the date this form was signed. We cannot pro-rate Waiver Reversal Requests.

The student must come by the insurance office for an explanation of plan benefits, to receive a copy of the insurance booklet(s) and for a temporary insurance card. Please contact our office with any questions at the telephone number or email address above.

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

Last Name	First Name	MI	Student ID	DOB
Current Address		City	State	Zip
Telephone Number			Email	
<b>Reason for request:</b>				
<b>Specify Term of</b> (Check only one of the boxes) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring				
<b>USHIP</b>	I wish to reverse the <b>USHIP</b> Health Insurance Waiver that was previously submitted. I wish to accept the University Insurance and will pay the per quarter fee of <b>\$348 for USHIP</b> beginning in with the term specified above:			
<b>GSHIP</b>	I wish to reverse the <b>GSHIP</b> Health Insurance Waiver that was previously submitted. I wish to accept the University Insurance and will pay the per quarter fee beginning with the term specified above: <b>May check more than one box as needed</b> <input type="checkbox"/> \$641 Medical, <input type="checkbox"/> \$132 Dental, <input type="checkbox"/> \$28 Vision			
<b>Student Signature (Parent/Guardian if student is a minor)</b>			<b>Date</b>	

For Office Use Only

Date Received	Reviewed By	Approved (      )	Denied (      )	
Comments:				