

WAIVER REVERSAL FORM

501 Student Health
Irvine, CA 92697-5200
Telephone #: (949) 824-2388
FAX: (949) 824-5062
Email: shc-insurance@uci.edu

WAIVER REVERSAL REQUEST ACADEMIC YEAR 2021-2022

Student ID Number		UCI Email		Telephone Number	
Last Name		First Name		Middle Initial	
Address		City	State	Zip Code	Date of Birth
Reason for Waiver Reversal Request (Please choose one of the following): <input type="checkbox"/> Comparable insurance coverage is no longer available (e.g., loss of employment or change in benefits) <input type="checkbox"/> Student's age exceeds maximum allowed by parent's policy <input type="checkbox"/> Other. Please explain: _____					
<i>Specify term you wish to enroll:</i> Fall 2021 <input type="checkbox"/> Winter 2022 <input type="checkbox"/> Spring/Summer 2022 <input type="checkbox"/>					

I wish to reverse the University Student Health Insurance Plan (SHIP) Waiver that was previously submitted. I wish to accept the University SHIP and will pay the per quarter/semester fee charged to my student account beginning with the term specified above. I understand and agree that if I am granted a waiver reversal, my SHIP coverage will begin either on the first day of the current policy period or on the date my previous coverage ends. Subject to approval by the Student Health Insurance department.

<i>Applicant's Signature</i>	<i>Date</i>
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For Office Use Only

Date Received	Reviewed By	SBS Updated()	AHP Updated()
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