WAIVER REVERSAL FORM

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

WAIVER REVERSAL REQUEST
ACADEMIC YEAR 2019-2020

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<tr>
<th>Student ID Number</th>
<th>UCI Email</th>
<th>Telephone Number</th>
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<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tr>
<th>Address</th>
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<th>Zip Code</th>
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Reason for Waiver Reversal Request (Please choose one of the following):

- [ ] Comparable insurance coverage is no longer available (e.g., loss of employment or change in benefits)
- [ ] Student's age exceeds maximum allowed by parent's policy
- [ ] Other. Please explain: ____________________________________________

Specify term you wish to enroll:

- [ ] Fall 2019
- [ ] Winter 2020
- [ ] Spring/Summer 2020
- [ ]

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.

Applicant’s Signature

Date

For Office Use Only

Date Received

Reviewed By

SBS Updated ( )

AHP Updated ( )