

UC STUDENT HEALTH INSURANCE PLAN (UC SHIP)
APPEAL OF WAIVER DENIAL

INSTRUCTIONS: Please read this material below before filing an Appeal:

1. If your Waiver Application was denied because you missed the waiver application deadline, **DO NOT FILE AN APPEAL.** Appeals will not be considered for students missing the waiver deadline.
2. **Your appeal must be submitted within ten (10) business days of the date of notice of denial.** Appeals received after the ten day grace period will not be considered. **Enclose a copy of the Waiver Application Denial.**
3. Appeals will be considered for the current term only. Waivers granted on appeal will NOT be applied to any previous school term.
4. Evaluation of your appeal will be based on comparability guidelines in effect at the time of the original waiver application.

SECTION A: Student Information (please print legibly)

☐ New Undergraduate ☐ Continuing Undergraduate ☐ New Graduate ☐ Continuing Graduate

☐ Law ☐ Continuing Law ☐ First Year Medical ☐ 2nd, 3rd, or 4th Year Medical

Last Name	First Name	MI	Student ID	DOB
Current Address		City	State	Zip Code
		Telephone Number		
Email Address				

Term of Appeal: ☐ Fall Quarter/Semester 2023 ☐ Winter Quarter 2024 ☐ Spring Quarter/Semester 2024

In the space provided below (and on back of this form, if necessary) state the nature of your request and circumstances of your case. Please be detailed and specific. Type or write legibly.

Attach a copy of your insurance card (front and back) and a summary of benefits from your health insurance plan.

Return to: Student Health Insurance Office
501 Student Health
Irvine, CA 92697-5200
FAX: (949) 824-5062
Via Student Health Patient Portal > Upload Images > Insurance Services Department

Dear Insurance Coordinator:

I attest that the above information is true and accurate to the best of my ability.

APPLICANT'S SIGNATURE _____ DATE _____

OFFICE USE ONLY:

Waiver Appeal ☐ Approved ☐ Not Approved Initial _____

Reason _____

Audited By: _____	Pass: Y N	Date: _____
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