## UC DAVIS STUDENT HEALTH INSURANCE PLAN (UC SHIP) Appeal of Waiver Denial

## **INSTRUCTIONS:** Please read these instructions before filing an Appeal:

- 1. Appeals must be submitted within fifteen (15) business days of the date of notice of denial.
- 2. Please attach a copy (front and back) of your "Current" Insurance Card.
- 3. Please attach a summary of benefits and coverage from your insurance provider.
- 4. Please attach proof of eligibility, which can be in the form of a letter from the insurance company, or a screenshot from your online portal showing that your plan is active.
- 5. Appeals will be considered for the current term only.
- 6. Evaluation of your appeal will be based on UC SHIP comparability guidelines in effect at the time of the original waiver application.
- 7. Communication regarding the status of your Appeal will be sent to your <u>UC Davis email address</u>.
- 8. Incomplete appeal forms will not be approved or accepted.

<b>Student Informa</b>	tion (please print legi	ibly)				
CHECK ONE	☐ Undergraduate		☐ Graduate Student ☐ Graduate Student			
	Student	(	Quarter Student)	(Se	Semester Student)	
Last Name	First Name	MI	Student Identifica	ition#	Date of Birth	
UC Davis Email	Address				Telephone Number	
Term of Appeal:						
☐ Fall Quarter 2	2022	er Quarter 2023	☐Spring Quarter	r 2023		
☐ Fall Semester	2022 ☐ Sprin	g Semester 2023				
	t <b>he space provided bel</b> int clearly. Please be d			essary) as	to why your waiver was denied.	
Reason:						
I attest that the in	formation above is tru	e and accurate and	reported to the best of	my abilit	y.	
Signature			Date			
***** Disclair	mer: Submission o	f an Appeal of W	lavier Denial form	is not a	guarantee of approval*****	
	tudent Health and Cou		ū		Succeeding approval	
Fax: (530)752-7679 Ema		Email: waive	l: <u>waiver@shcs.ucdavis.edu</u>			
Office Use Only:	="	_				
Waiver Appeal	☐ Approved	☐ Not Approve	ed Initial		Date	