

**WAIVER CANCELLATION REQUEST
Student Health Insurance Plan (SHIP)
2009-2010 Year**

This form is to be used for requests to cancel health insurance waivers and may only be submitted during the insurance enrollment period (1st 30 days of each quarter – see deadlines below.) If your waiver is cancelled, you will be enrolled in and billed for SHIP. The effective date of coverage will be the beginning of the current quarter. Please return the completed form to an Insurance Advisor at Student Health Service or Fax to 805-893-5340.

MAIL: Insurance Advisor
Student Health Service
UC, Santa Barbara
Santa Barbara, CA 93106

If you are requesting to cancel your waiver after the enrollment deadline, you must enroll directly with Renaissance Agencies. Your effective date of coverage will be either day following the postmark date or, in the absence of a postmark, the date following the date that the request, payment and documentation of your loss of coverage are received by Renaissance. You may print an enrollment form from the insurance brochure located at www.sa.ucsb.edu/StudentHealth/insurance. If you have questions, Please call Renaissance at 1-800-537-1777.

Please check the appropriate category, complete and sign this form:

CANCELLATION OF INSURANCE WAIVER

I wish to cancel my insurance waiver, effective:

	<u>Enrollment deadlines</u>
_____ Fall	October 20, 2009
_____ Winter	February 4, 2010
_____ Spring	April 29, 2010

Insurance Plan Year _____ 2009-2010

I understand that by canceling my waiver that I will be automatically enrolled in SHIP and am obligated to pay the insurance premium each quarter.

Name _____ Graduate _____ Undergraduate _____

Local Mailing Address _____

Perm Number _____

Social Security Number _____

Signature _____ Date _____

STUDENT HEALTH SERVICE USE ONLY

Date of Cancellation _____ **Insurance Advisor** _____