By submitting a waiver or having a waiver pre-approved you confirm that your medical plans meets the UC SHIP Waiver Criteria and agree to the following waiver Terms & Conditions for the 2018-2019 Academic Year.

INSURANCE REQUIREMENT

The University of California, Santa Barbara, as directed by the UC Regents, requires all students to have adequate health insurance. All registered students are automatically enrolled in the University-sponsored Student Health Insurance Plan (UC SHIP) unless they choose to submit a waiver of enrollment and demonstrate that they have health insurance that meets the University’s minimum criteria for health care coverage.

What is the UCSB Student Health Insurance Plan (UC SHIP)?

UC SHIP is an affordable health insurance plan tailored to the health care needs of UCSB students. It features year-round, world-wide coverage. UC SHIP provides optimal coverage for services in the Santa Barbara community, and peace of mind for both parents and students.

Are you considering waiving UC SHIP?

Students (and parents) should ask: “Am I sufficiently covered to ensure that my career at UCSB will be successful?” Please consider the following:

- Many insurance plans will only cover urgent care or emergency room services outside of the plan's network. Some insurance plans require that you visit their own network providers to receive care such as minor illnesses, lab tests, X-rays, or care by specialists, and in some cases such networks may not be available within a reachable distance from UC Santa Barbara where you will be spending most of your time while attending school.
- Many students enroll in UC SHIP to supplement their existing coverage.

Before you begin the waiver process, please note the following:

NOTIFICATIONS. We will communicate waiver decisions/status through the Gateway web portal. Please read all messages sent to you from Student Health to avoid having your waiver request denied or being assessed a late fee because you did not act on the messages we sent.

TEXT MESSAGE ALERTS. Please sign up for Text Message Alerts in the Profile section of the Gateway web portal. We may use text messaging to notify you of your waiver status or that a new message has been sent to your messages inbox on the Gateway portal.

If you have questions regarding this information, please contact the UCSB Student Health insurance office - shswaivers@sa.ucsb.edu or (805) 893-2592.
WAIVER TERMS & CONDITIONS

By submitting a waiver, or having a waiver pre-approved by UCSB Student Health, you agree to the following:

WAIVER CRITERIA. You certify that the information provided is true and accurate and that your insurance plan meets the UC Standard Waiver Criteria required to waive out of Gaucho Health Insurance. You understand that if this information is found to be inaccurate, invalid, or does not meet the criteria for waiving out of UC SHIP, you will be enrolled in UC SHIP and the SHS UC SHIP Fee ($1,120) will be billed to your student BARC account on a quarterly basis.

NON-CANCELLATION POLICY. You understand that this waiver will remain in effect for the entire academic year (or the remainder of the academic year if waiving after Fall 2018) unless you lose your waiver medical coverage. You cannot cancel your waiver and re-enroll in GHI until the Fall enrollment period opens again April, 2019.

You agree to provide a copy of your health insurance card, or other documentation proving that you have current medical insurance, with your waiver request. This information will be used to verify and/or audit your medical coverage. You understand that if you fail to provide this documentation, your waiver request will be denied and the premium for the full coverage period ($1,120 per quarter) will be billed to your student BARC account.

You understand that the insurance information you provide will be verified when the waiver request is submitted and may be re-verified at various times throughout the academic year. If at any time your plan cannot be verified as Eligible, you understand that your waiver will be denied and you will be enrolled in the UC Student Health Insurance Plan. Furthermore, your waiver plan will be verified at the beginning of each academic year and your waiver will be approved as long it is verified as Eligible and continues to meet the UC waiver criteria.

You agree that you will maintain health insurance which meets the University's criteria for medical coverage at all times while attending UCSB. If your medical insurance is terminated for any reason, or if your medical insurance plan changes, you will notify the UCSB SHS Insurance Office immediately.

For your own safety and financial protection you are responsible to ensure that your medical insurance plan covers services performed by local specialists, primary care providers, and emergency room medical staff.

You have read this statement and acknowledge your responsibility to confirm that your medical insurance plan covers services rendered by medical providers, including emergency services, in the area local to your home campus (within 30 miles is recommended) while you are a UCSB student. You further acknowledge that lack of local network providers available under your health plan could result in a delay in receiving necessary medical or mental health care and/or may result in costly medical bills.

UC SHIP COVERAGE PERIODS

<table>
<thead>
<tr>
<th>Term</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Term</td>
<td>September 23, 2018 – January 6, 2019</td>
</tr>
<tr>
<td>Winter Term</td>
<td>January 7, 2019 – March 31, 2019</td>
</tr>
<tr>
<td>Spring/Summer Term</td>
<td>April 1, 2019 – September 21, 2019</td>
</tr>
</tbody>
</table>
WAIVING THE UCSB GHI MEDICAL, DENTAL & VISION PLAN

Eligible students will be automatically enrolled in the GHI Plan unless a completed waiver request has been received by the University prior to the close of the waiver period. During each waiver period you will have the opportunity to waive out of the UCSB GHI medical, dental & vision plan. Once you are waived, your waiver will remain in effect for the entire academic year unless you lose medical coverage. You cannot cancel your waiver and enroll in GHI until the next Fall enrollment period opens again April, 2018. Please contact the UCSB SHS Insurance Office for further details.

WAIVER SUBMITTAL DATES

Your waiver request must be submitted by the following waiver deadlines.

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Waiver Period Opens</th>
<th>Waiver Deadline</th>
<th>Waiver Period Closes (With $50 Late Waiver Fee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>April 15, 2018</td>
<td>September 1, 2018</td>
<td>September 14, 2018</td>
</tr>
<tr>
<td>Winter</td>
<td>November 1, 2018</td>
<td>December 1, 2018</td>
<td>December 25, 2018</td>
</tr>
<tr>
<td>Spring</td>
<td>February 1, 2019</td>
<td>March 1, 2019</td>
<td>March 19, 2019</td>
</tr>
</tbody>
</table>

Important information about the GHI Waiver process:

- Please have your INSURANCE CARD available before you enter your waiver. You will be required to submit a copy of the front and back of your card when you submit your waiver. We will ask for your Insurance Company/Carrier information, Policy Number/Member ID and optionally, a Group Number.

- Please enter ALL NUMBERS AND LETTERS (no spaces) when entering your Policy Number and/or Group Number. Zeros (0) are considered numbers. Please enter all leading and trailing zeros.

- A subscriber email is required to enter a waiver. This can be a parent or guardian email address.

- Once your waiver has been submitted, you will receive a U-Mail e-mail confirmation that your waiver request was received or is being processed. If you do not receive this U-Mail confirmation email, your waiver was not successfully submitted and you are not waived.

- After we receive your waiver request, we will send you a U-Mail Gateway secure email notifying you of our waiver decision, or request additional information. This initial process will take approximately 10 business days and, if we are able to successfully verify your insurance plan, your waiver request will be approved.

- You understand that the insurance information you provide will be verified when the waiver request is submitted and may be re-verified at various times throughout the academic year. If at any time your plan cannot be verified as Eligible, you understand that your waiver will be denied and you will be enrolled in the UCSB GHI plan. Furthermore, your waiver plan will be verified at the beginning of each academic year and your waiver will be approved as long it is verified as Eligible and continues to meet the UC waiver criteria.

We are here to help! If you have questions about the UC SHIP waiver process, please contact the UCSB Student Health Service Insurance Office via e-mail: shswaivers@sa.ucsb.edu or call (805) 893-2592.