

UC Student Health Insurance Premium Refund Request

In certain circumstances, a student who goes on a leave of absence or withdraws after the first day of instruction may request a refund of the UC SHIP premium. Cancellation of coverage and refund of the UC SHIP premium are granted at the sole discretion of UCSF Student Health and Counseling Services (SHCS). Notification of approval or denial will be sent to the student's UCSF email address.

Please provide the following information:

First Name: _____ Last Name: _____

UCID: _____ Date of Birth: _____ Email Address: _____

Professional School/Graduate Division Program: _____

Registration Status Change:

Effective Date: _____

Reason for status change: _____

Please initial all that apply:

- I have not utilized any medical, pharmacy, dental, or vision care services that could be charged to my UC SHIP insurance since _____ (the start date of the academic quarter).
- I have not filed and will not file any claims to UC SHIP for any medical, pharmacy, dental, or vision care services obtained on or after _____ (start date of the academic quarter).
- I understand that I may not re-enroll in UC SHIP during the current academic quarter, and that I will not be eligible for UC SHIP in the future unless I return to active student status at UC San Francisco.

Student Signature

Date

- Your UC SHIP premium refund request is approved. Your student account will be credited.
- Your UC SHIP premium refund request has been denied. Your UC SHIP coverage will continue through (last day of the current quarter).
 - Reason for Denial: _____

Authorized UCSF Student Health Signature

Date