

STUDENT HEALTH INSURANCE PLAN (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) 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**
 Fall Extension Freshman **Exec Eve or Weekend MBA or MFE** **Summer LLM**

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

Term of Appeal: **Academic Year 2011-2012** **Fall Semester 2011** **Spring Semester 2012**

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 THE STATEMENT/SUMMARY OF BENEFITS PROVIDED BY YOUR HEALTH INSURANCE PLAN. APPEALS THAT ARE SUBMITTED WITHOUT THIS DOCUMENTATION WILL BE DENIED.

Return to: Student Health Insurance Office
 Tang Center, UC Berkeley
 2222 Bancroft Way, Room 3200
 Berkeley, CA 94720-4300
 FAX: (510) 642-9119
 Email: ship@uhs.berkeley.edu

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 _____

SHIO-Staff: _____	Late Fee: Y N	Waiver DB: Y N	OR: Y N	Date: _____	Audited By: _____	Pass: Y N	Date: _____
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