Print Form

Date: _____ Student Identification Number: _____

Return form to SHIP Office: Student Health Building Rm 126
Mail to: 875 Perimeter Dr MS 4201; Moscow ID 83844-4201
Fax Number: 208-885-1002 **E-mail:** health@uidaho.edu

First Name: _____

Last Name: _____ ☐ FALL ☐ SPRING ☐ SUMMER

E-mail: _____

_____
Student Signature (or parent if student is under 18)

SHIP LATE WAIVER APPEAL REQUEST

Insurance must be effective on or before the first day of classes for the semester waiver is requested and meet the minimum requirements listed below.

☐ YES I have insurance that covers both illness and injury;

☐ YES I have insurance with a lifetime maximum of at least $500,000;

☐ YES I have insurance that covers injury while participating in intramural, club, or NCAA intercollegiate sports programs. *(if student will be participating in such programs);*

☐ AND I DECLINE enrollment in the UI SHIP and I accept full financial responsibility for any medical expenses that are not covered by my personal insurance.

REQUIRED INSURANCE INFORMATION--*Please include all prefix letters and numbers for policy information.*

Insurance Company Name: _____

Insurance Company Customer Service Phone Number: _____

Insurance Policy/Individual/Subscriber Number: _____

Insurance Group or Employer Number (if applicable): _____

POLICY HOLDER INFORMATION-- *for the primary insured person (parent or spouse if student is the dependent):*

First and Last Name: _____ Date of Birth: _____

☐ Male ☐ Female **Student relationship to policy holder:** ☐ Self ☐ Child ☐ Spouse

Employer: _____

AUDIT OF STUDENT WAIVERS

The University of Idaho will conduct audits of student health insurance waivers to verify the existence of adequate personal health insurance coverage. Students who are discovered to be uninsured or to have insurance that does not meet the minimum requirements will be enrolled in SHIP for the semester of audit to comply with the SBOE policy requiring valid health insurance as a condition of enrollment.

DATE COMPLETED LATE WAIVER FORM IS SUBMITTED	REFUNDS/FEES
Waiver submitted after October 1 or March 1	100% refund **and** $50 penalty fee
Waiver submitted after November 1 or April 1	100% refund **and** $100 penalty fee
Waiver submitted after December 1 or May 1	75% refund
Waiver submitted after semester has ended must include a separate letter detailing circumstances of missed waiver deadline.	50% refund if appeal is approved