

UNIVERSITY OF CALIFORNIA, SAN DIEGO
FALL 2016 INTERCOLLEGIATE STUDENT-ATHLETES (GRADUATE)
HEALTH INSURANCE AGREEMENT

MANDATORY INSURANCE REQUIREMENT:

As a non-academic condition of enrollment at UCSD, the UC Regents require all registered students to have adequate health insurance coverage and therefore provides the UC Student Health Insurance Plan (UC SHIP), which is a comprehensive health insurance plan. All students, including ICA students, are automatically enrolled in UC SHIP. Students already enrolled in a comparable health insurance plan may waive UC SHIP coverage by completing a Health Fee Waiver application during the FALL 2016 waiver period. Comparable coverage must meet the requirements set by the UC Regents.

NOTE: UC SHIP does NOT provide coverage for services related to injuries caused by or related to participation in intercollegiate athletics.

Refer to <http://studenthealth.ucsd.edu> for more information regarding UC SHIP and the Health Fee Waiver. Access the on-line waiver application through the Health Fee Waiver Tool from the TritonLink Homepage. ICA students are required to complete the on-line waiver application on or before the first team meeting.

COST OF UC SHIP:

The cost of UC SHIP for undergraduates is \$1,182.00 per quarter. ICA student-athletes who do not waive UC SHIP and whose first team meeting is before September 5, 2016 will be required to pay a supplemental UC SHIP fee for FALL 2016 for Early Start coverage. The supplemental Early Start fee is as follows:

EARLY START SPORT:	UC SHIP EFFECTIVE DATE*:	SUPPLEMENTAL FEE:
Soccer, Cross Country, Women's Volleyball, Men's Water Polo	August 15, 2016	\$340.02
Swimming & Diving, Basketball, Men's Golf	September 5, 2016	\$0.00 (no charge)
All Other Fall Sports	September 19, 2016	\$0.00 (no charge)

* Late ICA participants will be subject to a later UC SHIP effective date based on the first date of participation.

The UC SHIP fee will automatically be charged to the student's campus billing account along with the other mandatory registration fees and must be paid prior to the FALL 2016 billing due date. The Supplemental Early Start Fee, will appear on the student's October 2016 e-bill statement and must be paid by the corresponding billing due date.

HEALTH INSURANCE AGREEMENT INSTRUCTIONS:

All ICA student-athletes whose first team meeting is before September 19, 2016 must complete this form. Students electing to waive UC SHIP must complete this form in addition to the on-line Health Fee Waiver application. **Return page 2 of this completed form to the ICA Certified Athletic Trainer on or before the date of your first team meeting.**

Students who submit a Health Fee Waiver and are selected for audit by the Student Health Services Insurance Office will be required to submit the requested audit information immediately. If the student does not respond to the audit request or if the waiver is not approved, the UC SHIP fee and supplemental Early Start fee will be charged.

Additionally, student-athletes who do not make the team or later choose not to participate will still be charged the the UC SHIP fee and supplemental Early Start fee.

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STUDENT NAME:	UCSD E-MAIL ADDRESS:
PID:	CONTACT PH#:
DATE OF BIRTH:	SPORT:

Please read and check one of the following:

- Yes, I want to enroll in UC SHIP for the FALL 2016 quarter.** I understand that by selecting this option:
- I will be billed the FALL 2016 premium plus the supplemental Early Start fee according to my sport, as indicated on page 1 of this agreement.
 - *If I am already enrolled in UC SHIP for SPRING 2016, I will not be charged the supplemental fee.*
 - **After today, I am NOT eligible to waive UC SHIP for the FALL 2016 quarter under ANY circumstances (including failure to make the team, deciding not to participate in ICA, existence of other insurance coverage, etc.).**
 - If I submit (or have already submitted) a waiver for UC SHIP for the FALL 2016 quarter, the waiver credit will be reversed, I will be enrolled in the UC SHIP and I will be charged the fees mentioned above.
 - I will be eligible to request a waiver beginning with the next quarter.

For students enrolling in Early Start UCSHIP:

ADDRESS:	CITY, STATE, ZIP
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- No, I do not want UC SHIP for the FALL 2016 quarter. I have successfully transmitted the waiver on or prior to the date of the first team meeting.** I understand that by selecting this option:
- If my waiver was not successfully transmitted on or prior to the date of the first team meeting, I will be enrolled in the UC SHIP, and charged the appropriate premium.
 - It is my responsibility to verify the final status of my UC SHIP waiver application.
 - **If my waiver application is selected for audit, I must submit the requested documentation to Student Health Insurance immediately. If I fail to submit the documentation, my waiver application will be denied, the waiver credit will be reversed and I will be enrolled into the UC SHIP and charged the appropriate fees.**

I have read page 1 of the Health Insurance Agreement Form. I have also read and understand the above statements and understand that this document serves as a contractual agreement.

Athlete's Signature: _____ Date: _____

Parent's Signature (if student is under age 18): _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE ICA CERTIFIED ATHLETIC TRAINER ON OR BEFORE THE DATE OF YOUR FIRST TEAM MEETING.

For Internal Use Only

Waiver submit date: _____ Apply Early Start Fee? YES / NO Date Charged: _____

Waiver status: _____

Comments: _____