

UC Los Angeles Student Health Insurance Plan (UC SHIP)

Health Fee Late Waiver & Appeals Request Form

Term (Quarter)	Program	AHP Classification	Hard Deadline
Summer	SP, FSP, TSP MBA (1 st Year) MSAUD (1 st Year)	CSI MBA1 MSAUD1	08/22/25
Fall	FEMBA (1 st Year)	FEMBA1	09/12/25
	Undergraduate*	UNDG	10/10/25
	Graduate**	GRAD	
	FEMBA (2 nd Year) FEMBA (3 rd Year)	FEMBA2 FEMBA3	
Winter	All Quarter Student Groups	See Above	01/16/26
Spring	All Quarter Student Groups	See Above	04/10/26

*includes Summer Pathways (SP), Transfer Summer Program (TSP), Freshmen Summer Program (FSP)

**includes UC SHIP Participating Self-Supporting Programs (SPP)

Term (Semester)	Program	AHP Classification	Hard Deadline
Fall	MED - 1 st Year	MED1	08/29/25
	MED - 2 nd Year	MED2	09/05/25
	MED - 3 rd Year	MED3	09/05/25
	MED - 4 th Year	MED4	09/05/25
	LLM	LLM	08/29/25
	LAW – MLS (1 st Year)	MLS	08/22/25
	LAW – JD (1 st Year)	LAW1	09/05/25
	LAW – Advanced JD (2L & 3L), MLS, & SJD [LAW2]	LAW2	09/12/25
Spring	All Semester Student Groups	See Above	01/16/26

TERMS AND CONDITIONS

- I have read, understand and confirmed my health plan meets the current Academic Year Waiver Criteria and am requesting to waive the UC Student Health Insurance Plan (UC SHIP).
- I understand that my request form must be completed, signed, and submitted to UCSHIPWAIVERS@ASHE.UCLA.EDU before the close of business (5:00 PM PDT) on the affiliated terms appeal deadline.
- I understand that Academic Health Plans (AHP) will send an email titled "Waiver Exception" containing a secure link that will allow me to submit a waiver application OR access my previously submitted application to edit data fields and/or upload additional supporting documentation.
- I understand the secure link will only be valid for a limited time and if I fail to take action within the allotted timeframe, I will not be provided an additional opportunity.
- I understand my waiver application will be audited by AHP. As a result of the audit, if AHP finds any information on my waiver application to be invalid, inaccurate, state my plan is in active or does not meet waiver criteria, I will be enrolled in UC SHIP for the term and be financially responsible for the health fee.
- I agree to provide an accessible electronic copy of my current health insurance identification card in JPEG format and an accessible electronic copy of any additional supporting documentation in PDF format requested by the University or AHP.
- I understand that if I fail to submit a UC SHIP Waiver Appeal Request form before the close of business noted above, I will be enrolled in UC SHIP for the term and be financially responsible for the health fee.
- I understand that it is my responsibility to monitor my e-mail (including spam/junk folders and email traffic reports) for updates from the University (@ashe.ucla.edu) and/or Academic Health Plans (@AHPcare.com) regarding my waiver status.
- I understand that it is my responsibility to follow up with the Insurance Services Office before the affiliated terms appeal deadline. Should my UC SHIP waiver remain denied after the affiliated terms appeal deadline, I understand that I will be enrolled in UC SHIP for the term and that there is no secondary appeal process for the term.

By signing this page, I acknowledge and understand the terms and conditions of the appeal process.

Student Signature

Date (MM/DD/YYYY)

UC Los Angeles Student Health Insurance Plan (UC SHIP)

Health Fee Late Waiver & Appeals Request Form

INSTRUCTIONS: Please read these instructions before completing this form

1. Late Waiver Application Requests must be submitted to UCSHIPWAIVERS@ASHE.UCLA.EDU before the close of business (5:00 PM PDT) on the affiliated terms appeal deadline.
2. Include an electronic copy of the front and back of your current medical insurance card*
3. Requests will be considered for the current term only.
4. Incomplete forms will result in a refused determination.*

*Applications that do not include the requested documentation in the appropriate format are considered incomplete applications.

Student Information			
Last Name	First Name	MI	University ID (UID)
Student Classification	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Medical <input type="checkbox"/> Law		
Waiver Period Term	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring		
Check One Statement:			
<input type="checkbox"/> I do not have a Health Fee Waiver Application on file for the current term in AHPs Waiver System so I am requesting a Late Health Fee Waiver Application. (Subject to \$50 Admin Fee) <input type="checkbox"/> I have additional supporting documentation attached to prove my health plan(s) meet university requirements so I am requesting to appeal my denied Health Fee Waiver Application status. <input type="checkbox"/> I am an In Absentia Graduate Student and I have additional supporting documentation to prove my health plan(s) meet university requirements so I am requesting to appeal my denied Health Fee Waiver Application status. <input type="checkbox"/> I am remote learner, commuter student, or participate in a Hybrid Program and my primary residence is in excess of 50 miles of UCLA Campus so I am requesting to appeal my denied Health Fee Waiver Application status.			
<p>Note: A granted late waiver/appeal application request form is not a guarantee of an approved waiver. If granted, all waiver applications are subject to audit (or re-audit) by Academic Health Plans (AHP). Audits can take three (3) to seven (7) business days to complete. If a student's late waiver/appeal application is granted by the Insurance Services Office, the student will receive an e-mail from AHP titled "Waiver Exception". This email will contain detailed instructions and a secure link to AHP's Waiver System allowing the student to submit a waiver application. The secure link is only valid for 48hrs.</p> <p>After a student submits their waiver application, they will be sent to a confirmation page that displays their Waiver ID, the date of submission and their UID. Students will also receive a "Waiver Status – Submitted" from AHP confirming their waiver submission was successful.</p> <p>By signing this page, I acknowledge it's my responsibility to submit (or re-submit) a waiver application within 48hrs of receiving the Waiver Exception email and do the following:</p> <ol style="list-style-type: none"> 1. Monitor my e-mail for updates from AHP 2. Obtain any additional documentation requested of AHP 3. Submit the additional supporting documentation to the Insurance Services Office with a completed "UC SHIP Waiver Appeal Request" before the affiliated waiver period appeals deadline listed on this form. 			
Student Signature			Date (MM/DD/YYYY)

For Office Use Only		
Health Fee Posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Post Date:	
Registration Fees Paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Paid Date:	
Waiver Exception	<input type="checkbox"/> Granted <input type="checkbox"/> Refused If Yes, Granted Date:	
Final Waiver Status	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A (If Refused)	
Reviewed by:	Initial:	Date (MM/DD/YYYY)

