

**UNIVERSITY OF CALIFORNIA, SAN DIEGO
FALL 2009 INTERCOLLEGIATE ATHLETES
HEALTH INSURANCE AGREEMENT**

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

As a condition of enrollment at UCSD, the Regents require all registered students to have adequate health insurance coverage. UCSD provides the Student Health Insurance Plan (SHIP), which is a comprehensive health insurance plan. All students, including ICA students, are automatically enrolled in SHIP. Students, including ICA students, may waive SHIP coverage if their private health care coverage meets the requirements set by the UC Regents*. Refer to <http://studenthealth.ucsd.edu> for more information regarding 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.

Please check one of the following:

- Yes, I want to enroll in SHIP for the Fall 2009 quarter.** I understand that:
- I will be billed the Fall premium of \$282 plus the supplemental Early Start Premium of \$181. (Early Start Premium is waived for students enrolled in SHIP for Spring 2009.)
 - The coverage begins with the first official team meeting and will continue through January 1, 2010.
 - Late ICA team participants will be subject to a later SHIP effective date.
 - If I have already requested to waive SHIP, my waiver will be cancelled.
 - If I do not make the team or later choose not to participate, I will not be able to waive SHIP and I will still be charged the Early Start SHIP premium, in addition to the Fall quarter premium.
- No, I do not want SHIP for the Fall 2009 quarter*. I have successfully transmitted the waiver prior to the date of the first team meeting.** I understand that:
- I may NOT waive SHIP after the date of the first team meeting.
 - If my waiver is submitted after the date of the first team meeting, my waiver will be reversed and I will be enrolled in the Early Start SHIP, and Fall quarter 2009 and charged the appropriate premiums.
 - I will be eligible to request a new waiver beginning with the next quarter.

*Please verify that your insurance plan provides coverage for illness or injury due to participation in intercollegiate sports.

I have read and understand the above statements and understand that this document serves as a contractual agreement. In addition, I am aware that if I completed a waiver application through TritonLink and my 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 Early Start SHIP and Fall quarter SHIP

Athlete's Signature: _____ Date: _____
 Parent's Signature: _____ Date: _____

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

For Internal Use Only

Waiver on File:	Yes	No	Waiver create date:	If enrolling in SHIP,
Selected for Audit:	Yes	No	Status of Audit:	apply Early Start Fee: Yes No