Mills College M Center
Major Medical Waiver Reversal Request Form
2008-09

Use this form to purchase the Mills Student Health Insurance Plan (SHIP) if you have submitted a Major Medical Waiver form previously and want to reverse it.

Please check the appropriate box that indicates your current registration status:

❑ Undergraduate ❑ Graduate (Full-Time) ❑ Graduate (Part-Time)

Name: _____ Date of Birth: _____
Last First M.I.

Mills ID: _____ Social Security Number: _____

Local Address _____
Street Address Apt. No. City State Zip Code

Telephone Number: _____ Email Address: _____

Reason for Reversal Request (Please choose one of the following):

❑ Comparable insurance coverage is no longer available. Please provide the reason you are no longer covered i.e., loss of employment, change in benefits, etc.: _____
_____ Date coverage ended: _____

❑ Student's age surpassed maximum allowed by parent's policy.

❑ Other. Please explain: _____

_____

To enroll in SHIP and reverse the waiver, you must:

- Complete this form;
- Mail, fax or bring this form to: Mills College, M Center, 5000 MacArthur Blvd., Oakland, CA 94613; Fax: 510.430.2003; and,
- Submit the appropriate semester fee listed below to the M Center or adjust your payment plan accordingly

I understand that my SHIP coverage will begin on the day my application is accepted by the M Center at Mills College and that the semester fee is not prorated. I further understand that the semester charge listed below will be charged to my student account and must either accompany this form or be added to the remaining amount of my payment plan, if applicable.

Undergraduate: $1,012.00/semester Graduate: $1,100.00/semester

_____ _____
Applicant's Signature Date

M Center Use Only: Account Charged on: _____ Payment Received? ❑ Yes ❑ No
Tang Center contacted on: _____ Staff Initials: _____