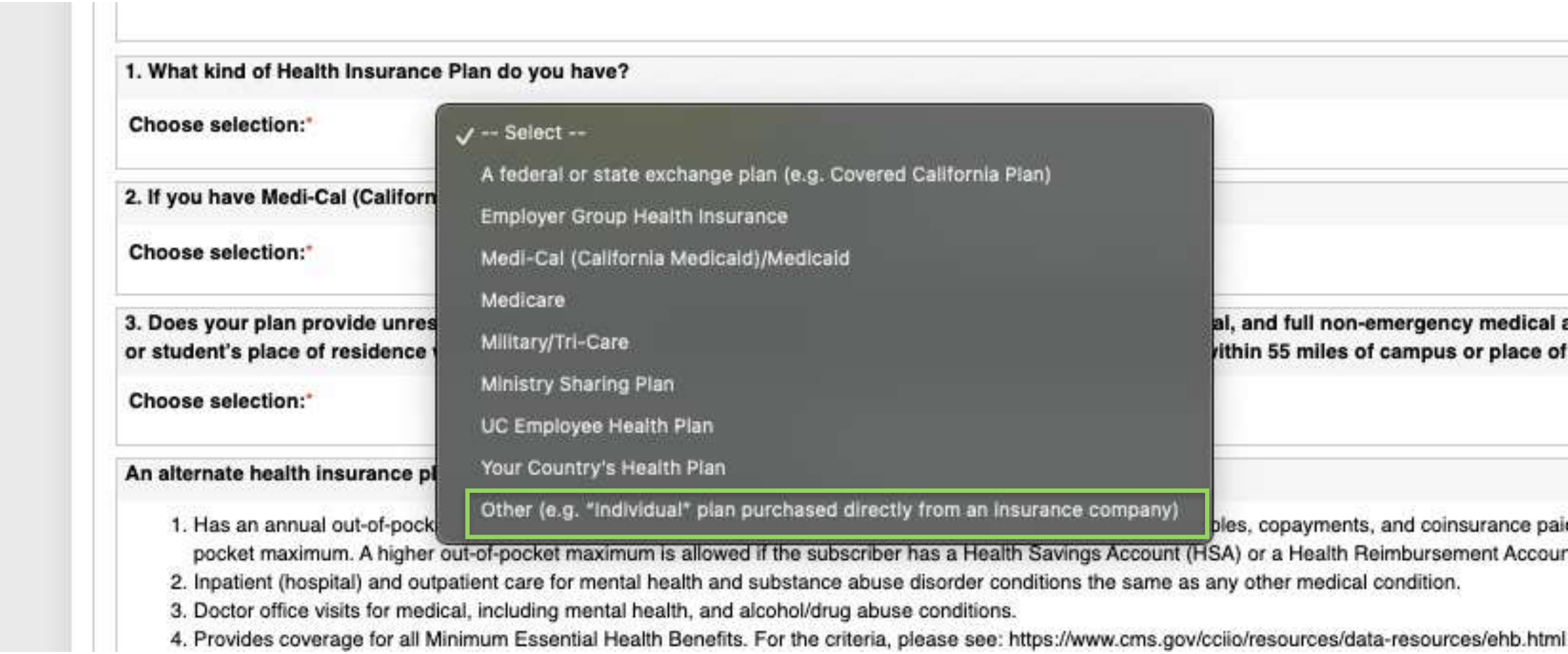
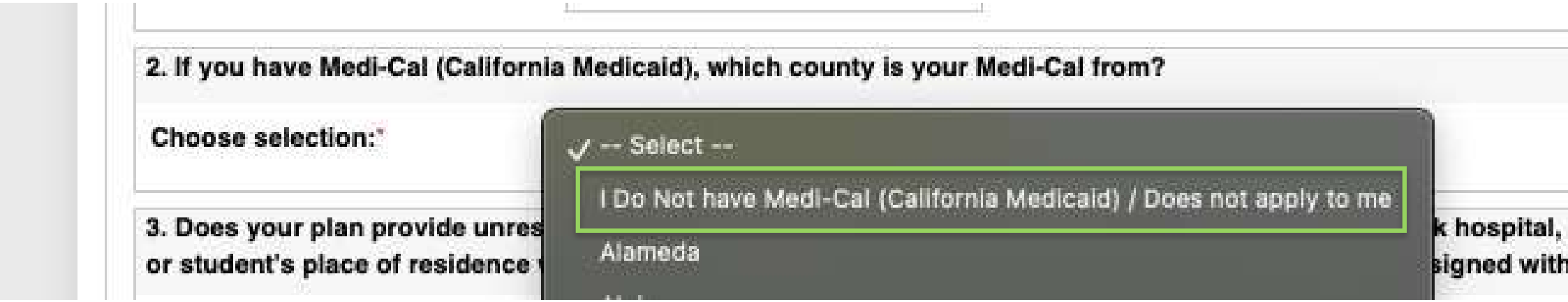
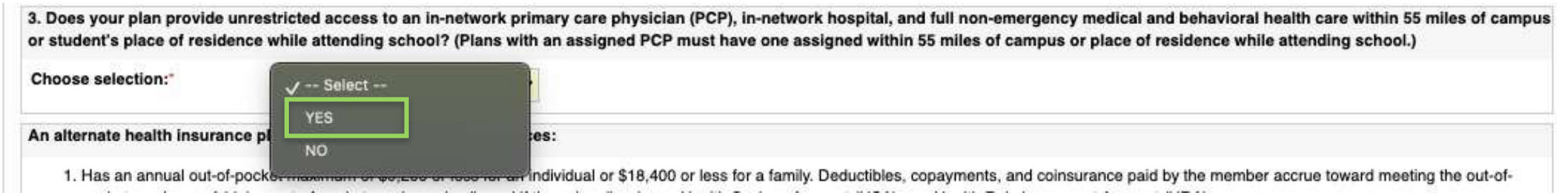
Question no.1 - ANS: Other (e.g. “Individual” plan purchased directly from an insurance company



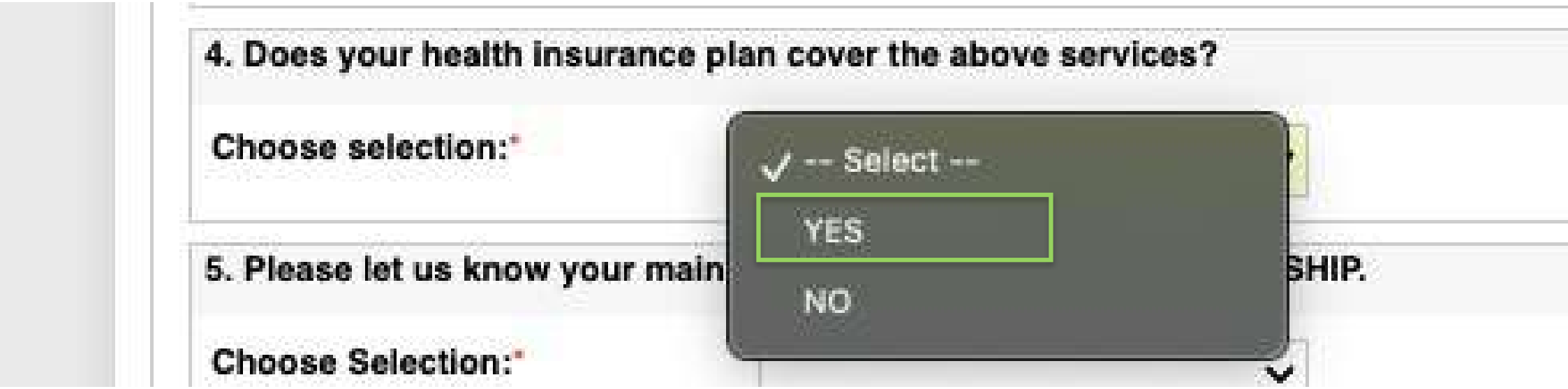
Question no.2 - ANS: I Do Not have Medi-Cal (California Medicaid) / Does not apply to me



## Question no.3 - ANS: Yes



Question no.4 - ANS: Yes



## Question no.5 - ANS: I found another plan that cost less

**5. Please let us know your main reason for choosing to waive UC SHIP.**

**Choose Selection:***

- -- Select --
- I am on my parent's or spouse's/domestic partner's plan
- Financial aid doesn't pay for UC SHIP
- I don't know much about UC SHIP or how to use it
- I found another plan that cost less
- My plan has no co-pays (e.g. Medi-Cal)
- My plan has richer benefits than UC SHIP
- Other

**6. Does your health insurance c** **nglish with benefits expressed in U.S**
**auditing purposes.**

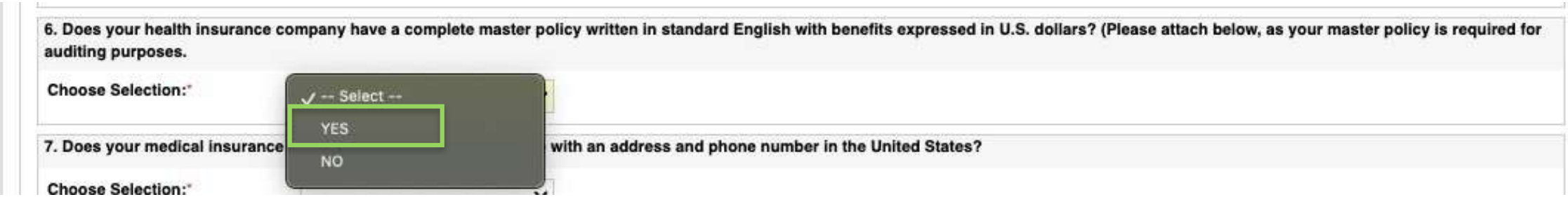
**Choose Selection:***

**7. Does your medical insurance** **e number in the United States?**

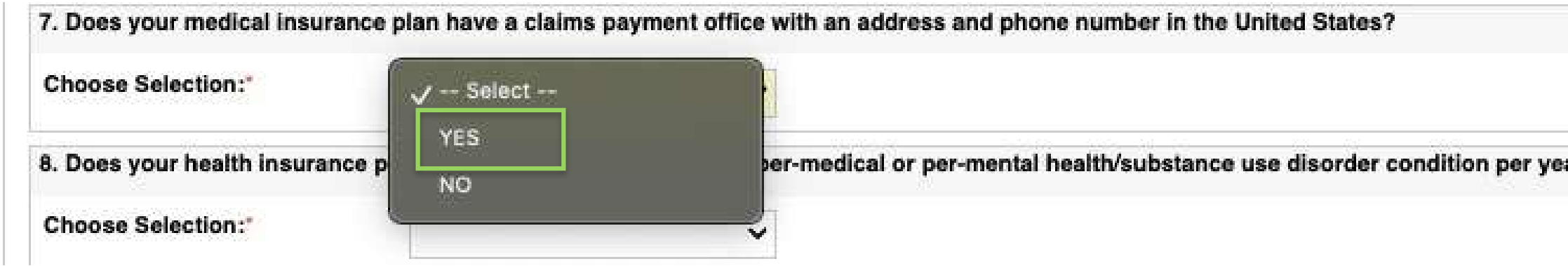
**Choose Selection:***

**8. Does your health insurance plan have a maximum benefit limit per-medical or per-mental health/substance use disorder condit**

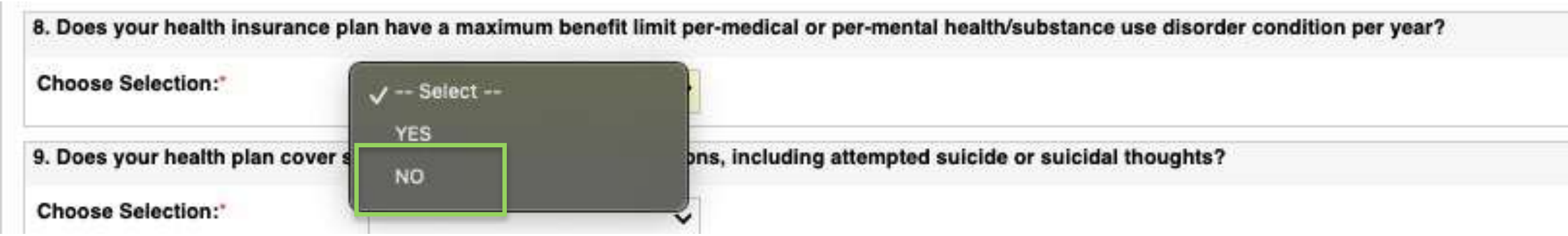
## Question no.6 - ANS: Yes



Question no.7 - ANS: Yes



## Question no.8 - ANS: No



9. Does your health plan cover services related to suicidal conditions, including attempted suicide or suicidal thoughts?

Choose Selection:*

Question no.9 - ANS: Yes

10. Does your health insurance plan have a pre-existing condition waiting period or exclusion?

Choose Selection:*

Question no.10 - ANS: No

11. Does your health plan have any lifetime benefit maximums?

Choose Selection:*

Question no.11 - ANS: No

12. Does your health insurance plan cover medical services related to injury from participation in all types of recreational activities or amateur sports?

Choose Selection:*

Question no.12 - ANS: Yes

## Question no.13 - ANS: Yes

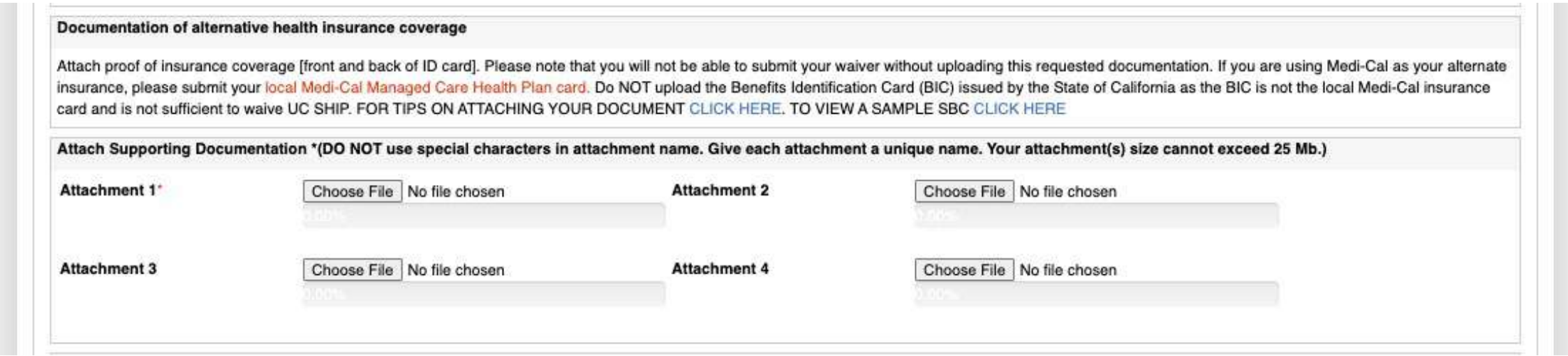
**13. Does your plan cover at least $50K for Medical Evacuation (medical evacuation provides transportation to your home country in the event of a medical emergency) and also $25K for Repatriation of Remains (repatriation provides transportation to your home country in the event of death)?**

**Choose Selection:***


**Documentation of alternative he**

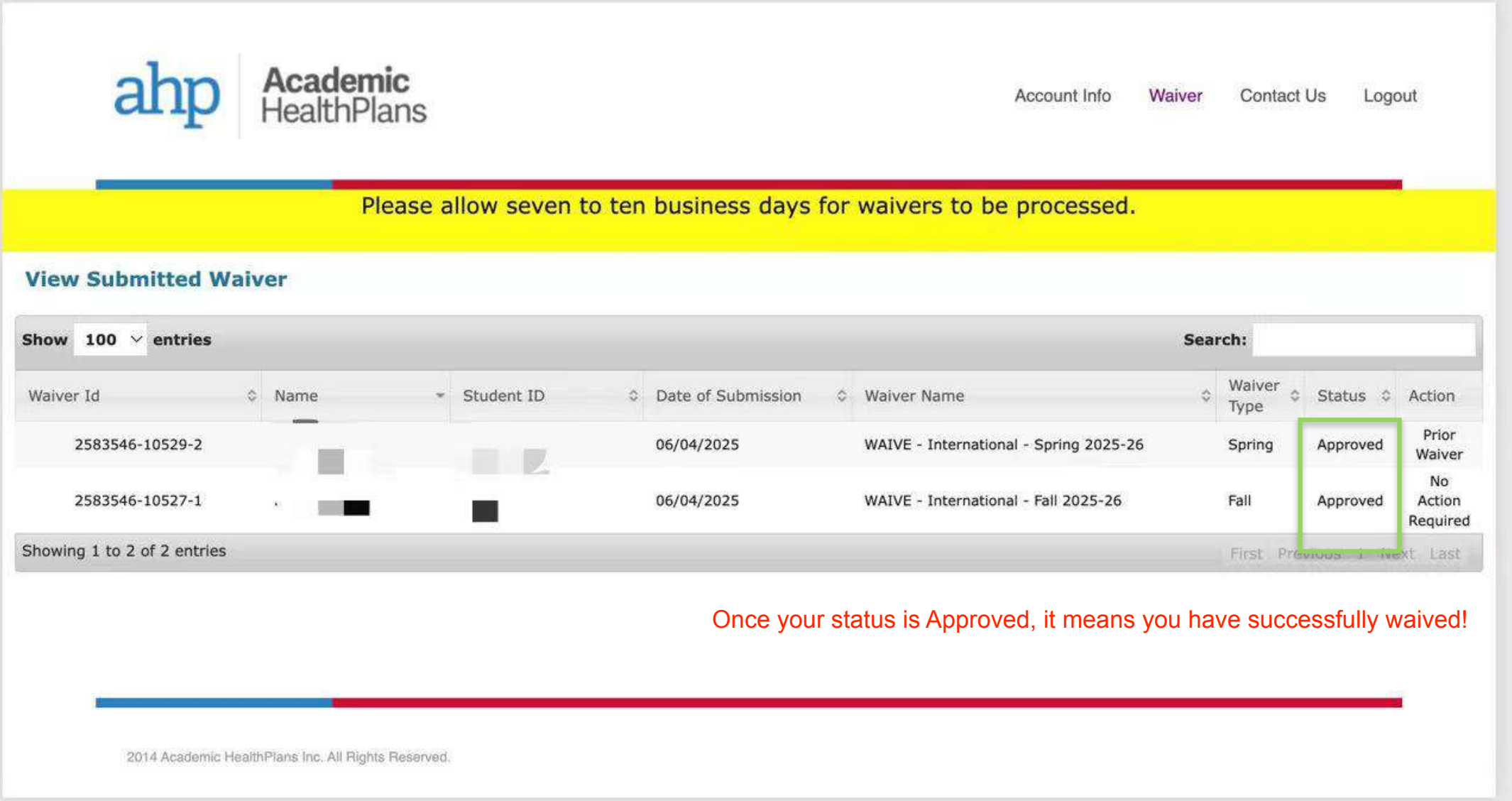
Attach proof of insurance coverage [front and back of ID card]. Please note that you will not be able to submit your waiver without uploading this requested documentation. If you are using Medi-Cal as your alternate insurance, please submit your local Medi-Cal Managed Care Health Plan card. Do NOT upload the Benefits Identification Card (BIC) issued by the State of California as the BIC is not the local Medi-Cal insurance

Attachment 1: Please upload your ID card
Attachment 2: Please upload the fulfillment package (packet)
Attachment 3: Please update the master certificate :
https://cdn.internationalstudentinsurance.com/pdfs/isi/brochures/pdf/student-defender-ca-v1.pdf
The link is located on the bottom of page 4 of the fulfillment package



**Policy Holder Information**

| | | | |
|---|---|---|---|
| First Name (Policy Holder)* | Your First Name | Insurance Company Name* | Aetna |
| | | Last Name (Policy Holder)* | Your Last Name |
| What type of health insurance plan do you have? | PPO | Relationship to Student* | Self |
| | | Member Service Phone #* | 888-293-9229 |
| Member ID* | ID number start with 00 | Group Number (Required if listed on card) | 0863989-011-00110 |
| Address (Policy Holder)* | Your school or US living address | City (Policy Holder)* | City of your school or US living address |
| | | State (Policy Holder)* | State of your school or US living address |
| Zip (Policy Holder)* | Zipcode of your school or US living address | | |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Waiver Name
Waiver Type
Status
Action
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06/04/2025
WAIVE - International - Spring 2025-26
Spring
Approved
Prior Waiver
2583546-10527-1
06/04/2025
WAIVE - International - Fall 2025-26
Fall
Approved
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Last
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