Students who have waived the health insurance plan may choose to reverse the waiver in order to become enrolled in the USF Student Health Insurance Plan. Students who choose to reverse the health insurance waiver will be enrolled in the coverage and charged for the USF Student Health Insurance plan on their student account.

Completed forms should be submitted as follows:

<table>
<thead>
<tr>
<th>Fax:</th>
<th>(888) 471-2290</th>
<th>Mail:</th>
<th>USF Health Promotion Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:hps@usfca.edu">hps@usfca.edu</a></td>
<td>In person:</td>
<td>UC Fifth Floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2130 Fulton Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>San Francisco, CA 94117</td>
</tr>
</tbody>
</table>

STUDENT INFORMATION: Waiver Reversal Term: ☐ Fall _________ ☐ Spring _________

Last ___________________________ First ___________________________ ID Number ___________________________

Email ___________________________________________ Phone ___________________________

I have reviewed and understand the USF health insurance policy posted on www.usfca.edu/hps.

I hereby request to be enrolled in the health insurance plan for the semester(s) indicated above.

I understand that by signing this document a charge of _________ will be placed on my student account for the insurance coverage.

Student signature ___________________________________________ Date ________________

PARENT/GUARDIAN SIGNATURE (required for students under 18 years of age)

Signature ___________________________________________ Date ________________

Office Use Only

☐ Approved ___________________________________________

☐ Denied ___________________________________________

Pop: ☐ Req UG ☐ On-campus GR ☐ Regular Intl ☐ IEP Oper sig ________________ Date ________________

Rev 10/19/2011