



Student Health Insurance Plan (SHIP) Enrollment Form for Affordable Care Act (ACA) Health Insurance

A. Student Employee Information – If you are waiving coverage please do not add social security number to this form. (Record legal last and first name as it appears on Social Security Card.)

Form section A containing fields for Social Security Number, University ID #, Name, Gender, Birthdate, Street Address 1 and 2, City, State, Zip, Email, and Telephone Number.

B. Health Insurance

Form section B containing checkboxes for Health Coverage Selected (SHIP ACA, Self, Self & Child) and Waiver of Enrollment.

C. Dependent Information

Table with 4 columns: Dependents List Name (Last, First, MI), Gender, Birthdate, and Social Security Number. Includes a header row and five data rows.

D. Agreement and Certification

Text section D containing certification statements, authorization for medical records, and a signature line.

This area to be completed by Career Services

Form section for Career Services completion, including fields for Health Group No., Effective Date, Tentative Coverage End Date, and ACA eligibility checkboxes.