

Student Health Insurance Cancellation Request

Cancellation must be submitted every semester you are in enrolled 12 hours or more. Present this form with a copy of current insurance coverage.

CANCEL BY: _____

(No later than the first two weeks of class.)

Please Print All Information

Date: _____

Semester: Fall Spring

I, _____ Social Security Number _____

request cancellation of my CSU Health Insurance listed below and certifies that I have other comparable or better health insurance coverage:

In whose name is the policy written? Self Spouse Parent

My signature at the end of this statement certifies the accuracy of the preceding statements and acknowledges an understanding of the fact that **(1)** this request will cancel my CSU health insurance coverage for the semester specified, **(2)** that furnishing false information to University officials is a violation of University regulations and may subject me to disciplinary sanctions.

I also certify the above named policy is currently in force for my protection and will be maintained in force during this term. I have read the current CSU Student Health Insurance Brochure and hereby authorize my other policy holder or company to release information pertaining to my policy benefits to CSU Student Insurance Office representatives. I understand that I must complete a waiver form each term for cancellation of health insurance.

Student's signature

No cancellation request will be accepted after the deadline date.