NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) TERMINATION FORM

Name (Please Print): ___________________________ NYSHIP Card #: ________
(Last, First)

College: ___________________________ Appointment Date: ________

TERMINATION INFORMATION

Appointment End Date: ________________

Reason for Termination (check one):

☐ Graduation

☐ Leave from Doctoral/Engineering program

☐ Withdrawal from Doctoral/Engineering program

☐ End of appointment

☐ Other (explain): ___________________________

By signing below, I attest that the information above regarding my termination is accurate, and that I provided all the information needed to process my termination.

_________________________________________    Date    Phone Number

___________________________________________

Email Address

If you are a student at the CUNY Graduate Center, you may email the form to Scott Voorhees at healthinsuranceinfo@gc.cuny.edu or fax it to 212-817-1621. Mr. Voorhees may be reached by telephone at 212-817-7406.

If you are an Engineering Ph.D. Student at City College, you may email the form to Kim Ferguson at kferguson@ccny.cuny.edu or fax it to 212-650-7504. Ms. Ferguson may be reached by telephone at 212-650-7963.