

# NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) TERMINATION FORM

Name (Please Print): \_\_\_\_\_ NYSHIP Card #: \_\_\_\_\_  
(Last, First)

College: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

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## 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): \_\_\_\_\_

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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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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](mailto: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](mailto:kferguson@ccny.cuny.edu) or fax it to 212-650-7504. Ms. Ferguson may be reached by telephone at 212-650-7963.*