NEW YORK STATE HEALTH INSURANCE PROGRAM
(NYSHIP)
TERMINATION FORM

Name (Please Print): ____________________________ NYSHIP ID #: _______
                  (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.

____________________________________  __________________  __________________
Signature                               Date                    Phone Number

Email Address

If you are a Ph.D. Student at the CUNY Graduate Center, you may email the form to healthinsuranceinfo@gc.cuny.edu.

If you are an Engineering Ph.D. Student at City College, you may email the form to Kim Ferguson at kferguson@ccny.cuny.edu.

If you are enrolled in a Ph.D. Program at the CUNY School of Public Health, you may email the form to Arthur M. McHugh, Jr. at Arthur.McHugh@sph.cuny.edu with a copy to Angie.Rivera@sph.cuny.edu.

Updated August 2020