

**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.

Signature Date Phone Number

Email Address

Please return this form to the Graduate Center Student Affairs Office either via scan & email at healthinsuranceinfo@gc.cuny.edu or fax to 212. 817.1621.