

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.