

Student Dental Plan: Dental Blue 2016-17 Pro-rated Application

ENROLLMENT is open to new spring 2017 students and those with a life changing event. Students who were registered for the fall semester and did not elect to purchase the dental plan do not qualify to enroll this period.

Coverage Period: February 1- July 31

The cost of the dental plan will be charged to the student's term bill.

Enrollment due to a life changing event: (Documentation is required within 30 days of life changing event.)

- Students with a life-changing event are eligible to enroll after the open enrollment deadline.
- Student must be enrolled in the dental plan in order to add eligible dependents that have a life changing event.
- The coverage and cost will be pro-rated to the first day of the month of the event.

STEP 1: COMPLETE YOUR INFORMATION

HUID (first 8)	Student First Name	Last Name

STEP 2: SELECT TYPE OF CONTRACT (Spring Enrollment or Life Changing Event)

Spring Enrollment Only - Select Type of Contract (Coverage starts February 1, 2017 expires July 31, 2017)

- Student Only \$234.50
 Student + 1 Dependent \$452.50
 Student + 2 or More Dependents \$699

All charges will be applied to your student bill.

Life Changing Events Only -Select Type of Contract

(Coverage starts/prorated from the 1st day of the month of the event and expires July 31, 2017)

I am enrolling due to a life-changing event:

- Loss of insurance
 Marriage/Birth of child
 Entry into the United States

Life Changing Event Date: _____

Documentation is required to determine plan effective date.

- Student Only
 Student + 1 Dependent
 Student + 2 or More Dependents

STEP 3: ADD DEPENDENTS (Skip this step if you selected "Student Only")

List all eligible dependents you want to be covered under your dental policy here

First Name	Last Name (if different from Student)	Date of Birth (mm/dd/yy)	Gender (M/F)
Married Spouse			

IMPORTANT! Children under the age of 19 who enrolled in the Harvard University Health Program have dental benefits through their medical coverage. Review the details of both plans in order to assess which plan is better for your dependent(s) under age 19.

First Name	Last Name (if different from Student)	Date of Birth (mm/dd/yy)	Gender (M/F)
Children (through age 26 only)			

STEP 4: ACCEPT TERMS, SIGN, AND DATE APPLICATION

This is a contract that runs from 2/1 through 7/31. I understand this is an optional plan that needs to be renewed each academic year by the posted deadline. If I fail to renew my application for the next academic year by the deadline, I will not be able to enroll in this plan without a life changing event.

I have reviewed and understand the dental benefits and dentist network on the HUSHP website: <http://hushp.harvard.edu/optional-dental-coverage>.

I understand that if it is past the deadline and HUSHP Member Services has no record of my application, I can only appeal for coverage with a copy of the application and record that it was received by Member Services.

HUHS will request documentation for those dependents (e.g., marriage certificate, birth certificate) not also enrolled in the HUSHP medical plan.

I certify that all information is true and correct to the best of my knowledge. Also, I understand that the effective date and termination date of my membership will be determined by Harvard University in accordance with the underwriting guidelines of Blue Cross Blue Shield of Massachusetts. In addition, I authorize the charges to be added to my student bill.

This plan cannot be cancelled for a refund after the plan effective date.

Signature	Date
-----------	------

SUBMIT THIS APPLICATION

Drop off/mail your signed application to:

**HUSHP Member Services
75 Mt. Auburn Street
Cambridge, MA 02138**

Email your signed application to:

Mservices@huhs.harvard.edu

Fax your signed application to:

617-496-6125

Extension School students submit application to the Extension School

The student is responsible for ensuring that their application was received before the enrollment deadline. The student will receive ID cards 7-10 business days after the start of coverage. All cards will be mailed to your address on file with your registrar.

Office Use Only

Received by (initial)	
Received via	<input type="checkbox"/> Mail/Drop Off <input type="checkbox"/> Email <input type="checkbox"/> Fax
Proration	<input type="checkbox"/> LCE date: