

## STUDENT HEALTH FEE WAIVER ATTESTATION ACTIVE-DUTY MILITARY MEMBERS

**Important: This Attestation Form must not be edited or changed in any way.**

**A waiver application must be submitted online in addition to this attestation form by 7/31 or 1/31 waiver deadline**

The student below has submitted an application with the Harvard University Student Health Program to waive the Student Health Fee. This fee allows students access to most services at Harvard University Health Services. The Student Health Fee is a separate fee from the Student Health Insurance Plan, which can be waived with Tricare, or other comparable health insurance based in the United States.

### ELIGIBILITY TO WAIVE THE STUDENT HEALTH FEE

**Students are eligible to waive the Student Health Fee if they are currently on U.S. active-duty military orders and prohibited from receiving medical care (other than emergency and urgent care) from a facility other than Hanscom Air Force Base.**

Note: Prohibited from receiving care means that the student is not allowed to receive any medical care (other than emergency and urgent care) by providers other than those affiliated with the Department of Defense. It is expected that only few students on active military duty will fit this criteria (e.g., a naval aviator in a flight status). This does not mean the student is prohibited from seeking care due to Tricare insurance policy network limitations, but instead that the United States Department of Defense has mandated that the student cannot seek non-emergency care from any doctor not affiliated with the Military, including Harvard University Health Services.

**By signing below,** I confirm that the student meets the eligibility criteria presented above. The student is prohibited from receiving non-urgent/emergency care at the Harvard University Health Services, the student must receive medical care at their military (e.g., Hanscom Air Force Base) base.

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Signature of student

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Signature of Commanding Officer

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Printed name of student

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Printed Name of Commanding Officer

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Student's Harvard ID number

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Commanding Officer's Email Address

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Date signed

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Phone Number

**Submit this form by email to:**

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Date signed

HUSHP Member Services  
75 Mount Auburn Street, Cambridge MA 02138  
**Email:** [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu)

In addition to this signed attestation form students must complete the Student Health Fee waiver online at [HUSHP Student Insurance Portal](#)

**This Attestation Form must not be edited or changed in any way.** If false information is knowingly provided, Member Services will report this to the appropriate Dean of Students for disciplinary action.