



Dental Blue Insurance Cancellation Application AY2023-2024

This cancellation application is only for the optional dental plan and will not cancel health insurance coverage. Re-enrollment will not be available until the next open enrollment period in which you are eligible to enroll or within 60 days of losing other (non-Harvard) dental insurance.

Student's Last Name _____

Student's First Name _____

HUID Number _____

Email Address _____

Cancellation is for (check only one):

- Self only (for students enrolled in an individual plan)
- Self and all dependents enrolled in the Dental Blue Plan
- Dependent(s) only

List the names of the dependents you wish to cancel below:

Dependent #1 Last Name _____

Dependent #1 First Name _____

Dependent #1 Date of Birth _____

Dependent #2 Last Name _____

Dependent #2 First Name _____

Dependent #2 Date of Birth _____

Dependent #3 Last Name _____

Dependent #3 First Name _____

Dependent #3 Date of Birth _____

Dependent #4 Last Name _____

Dependent #4 First Name _____

Dependent #4 Date of Birth _____

Student's Signature _____

Date _____

Return by email to HUSHP Member Services at mervices@huhs.harvard.edu

For additional information, please review the [Dental Blue Cancellation Policy and Application webpage](#).