

HUSHP Affiliate Cancellation Policy and Application

POLICY STATEMENT

You may be eligible to cancel the Harvard University Student Health Program (HUSHP) for yourself and/or your dependent(s) if you meet one of the criteria below:

- No services were used for the term in which you are requesting to cancel. This includes prescription overrides which allowed you or your dependents to fill multiple months of medication early.

AND ONE OF THE FOLLOWING CONDITIONS ARE MET:

- The cancellation application is received within **5 business days** of submitting the online enrollment application. Coverage will be cancelled retroactively to the plan effective date for the term you are enrolled.

OR

- The cancellation application is received **prior to the start date of coverage (8/1 fall term or 2/1 spring term)** for the future term you want to cancel. Coverage will be cancelled effective the start date of the **future term** you are enrolled.

OR

- The cancellation application is received within **45 days** of a qualifying event. Coverage will be cancelled retroactively to the day of the event.

Appropriate documentation to support the event is mandatory:

- ✓ **Gaining eligibility:** You can cancel coverage if you enroll in coverage elsewhere. You must provide a letter from the other employer or insurer indicating you or your dependent(s) are enrolled (or eligible) for coverage, the type of coverage you are enrolled in, including the names of those enrolled, and the date coverage started. You cannot re-enroll until the next open enrollment period or within 45 days of losing other health insurance coverage
- ✓ **Divorce:** You can remove your former spouse from your coverage. You must provide supporting documentation that your divorce is finalized (copy of the divorce notice). Cancellation will be effective as of the date your divorce is finalized. Your ex-spouse cannot be re-enrolled, not even if required per your divorce agreement. If your spouse is enrolled in your coverage when you divorce, they can remain enrolled as an ex-spouse until the end of that coverage term but will not be allowed to re-enroll for future terms of coverage.

Note: Dependents are only eligible to remain enrolled when the Post-Doc affiliate is also enrolled. Requests to cancel the Post-Doc affiliate but keep dependents enrolled will not be accepted.

✓ If approved:

- Both parts of the insurance, the Student Health Fee and the Student Health Insurance Plan, will be cancelled.
- If applicable, a refund will be issued within 20-30 business days. The refund will be issued to the party that originally paid for the coverage. (i.e., if the affiliate paid for his/her coverage a refund will be issued to the affiliate. However, if the department pays for the coverage the refund will be issued back to the department.)
- Re-enrollment into the plan will be available during the next open enrollment period in which you are eligible to enroll or **within 45 days of losing other health insurance coverage (documentation required)**.
- Appeals to this policy will not be considered.



HUSHP Affiliate Cancellation Application AY2020-21

Return by email to: HUSHP Member Services ▪ **Email:** mservices@huhs.harvard.edu ▪ **Office:** (617) 495-2008

Name: _____

Harvard ID: _____ Telephone: _____

Department: _____ Email: _____

This application will be processed as follows:

- If services were used, you will not qualify to cancel the coverage for that term for the person who used services.

If received prior to the start of the term you are requesting to cancel or within 5 business days of submitting an enrollment application:

- The Harvard University Student Health Program will be cancelled, and if applicable, a credit will be issued.

If received within 45 days of a qualifying event along with supporting documentation:

- The Harvard University Student Health Program will be cancelled, and if applicable, a credit will be issued.

If received after the start of a term or beyond the 5 business days of submitting an application or beyond 45 days of a qualifying event or without appropriate documentation to support a qualifying event:

- Cancellation requests cannot be processed for the current term; only future term(s) of coverage may be cancelled.

I am requesting to cancel coverage for [select one below]:

Within 5 business days of submitting enrollment (cancelled retroactively to the plan effective date for the term you are enrolled)

Fall Term only (August 1 through January 31)

Spring Term only (February 1 through July 31)

Both Terms (August 1 through July 31)

Due to a Qualifying Event, circle one: Gaining eligibility Divorce

I am requesting to cancel coverage for myself and for all of my dependents

I am requesting to cancel coverage ONLY for the dependent(s) specified below:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Re-enrollment into the plan will be available during the next open enrollment period in which you are eligible to enroll or **within 45 days of losing other health insurance coverage (documentation required).**

Signature: _____ Date _____

Office use only: Accepted By _____ Processed By _____ Cancellation Date: _____ Other _____