

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

**AND ONE OF THE FOLLOWING CONDITIONS ARE MET:**

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

**OR**

- The cancellation application is received **within 45 days of a life changing event**. Coverage will be cancelled retroactively to the day of the event. The life changing event date is the date that your other health insurance coverage begins or date divorce if finalized. This effective date will be one of the determining factors to cancel coverage.
- Official documentation is needed to process the cancellation and must be submitted with your application.
- You cannot re-enroll until the next open enrollment period or within 45 days of losing other health insurance coverage.

<b>If you experienced a qualifying event, your request will be processed as follows.</b>	
<b>Gaining other health coverage within 45 days of the event</b>	<b>Divorce within 45 days of the event</b>
<ul style="list-style-type: none"> <li>➤ You can cancel coverage if you enroll in coverage elsewhere.</li> </ul>	<ul style="list-style-type: none"> <li>➤ You can remove your former spouse from your coverage</li> </ul>
<ul style="list-style-type: none"> <li>➤ You must provide an official document or a coverage letter from the other employer or insurer indicating you or your dependent(s) are enrolled (or eligible) for health insurance coverage.</li> <li>➤ The letter must include your name or your dependents' name and the effective date of the medical policy.</li> <li>➤ Document must be received <b>within 45 days of your effective date of coverage</b>.</li> </ul>	<ul style="list-style-type: none"> <li>➤ You must provide supporting documentation that your divorce is finalized; a copy of the divorce notice will be required.</li> <li>➤ Cancellation will be effective as of the date your divorce finalized. Your ex-spouse cannot be re-enrolled, not even if required per your divorce agreement.</li> <li>➤ 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.</li> </ul>



## HUSHP Affiliate Cancellation Application AY2021-22

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

Affiliate's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Harvard ID \_\_\_\_\_ Email \_\_\_\_\_

**This application will be processed in accordance with the cancellation policy; all cancellation rules apply.**

Eligibility to Cancel Enrollment	Outcome of your cancellation request
If your application is received, and services were used	You will <b>not</b> qualify to cancel the coverage for that term for the person who used services
<b>Received prior to the start of the term</b> you are requesting to cancel or <b>within 5 business days</b> of submitting an enrollment application	The Harvard University Student Health Program will be cancelled, and if applicable, a credit will be issued
<b>Received within 45 days of a qualifying event with proof of enrollment.</b> <i>The qualifying event date is the date that your other health insurance coverage begins or date divorce is finalized. This effective date will be one of the determining factors to cancel coverage.</i>  Official document/coverage letter with your name/dependent(s) and the effective date of your medical policy is required.	The Harvard University Student Health Program will be cancelled, and if applicable, a credit will be issued.
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.

**Cancellation is for [select one below]:**

- Fall Term (August 1 through January 31)
- Spring Term (February 1 through July 31)
- Both Terms (August 1 through July 31)
- Due to a Qualifying Event **Documentation required** check one: \_\_Gaining eligibility \_\_Divorce

**Cancellation is for the following member(s) [select one]:**

- I am requesting to cancel coverage for myself and for all my dependents
- I am requesting to cancel coverage **ONLY** for the dependent(s) specified below:

Name of the Dependents	Date of Birth (mm/dd/yy)

By submitting this application, you acknowledge that you have read and understood the affiliate cancellation policy and that re-enrollment into the plan will not be available until the next open enrollment period or within 45 days of your dependent(s) losing other health insurance coverage (documentation required).

Signature: \_\_\_\_\_ Date \_\_\_\_\_