

Dental Blue Cancellation Policy and Application

POLICY STATEMENT

You may be eligible to cancel the optional Dental Blue insurance if you meet one of the criteria below:

- No services were used for the term in which you are requesting to cancel.

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 retroactive to the plan effective date for the term you are enrolled.

OR

- The cancellation application is **received by the enrollment deadline, (9/30 if enrolled for fall term or 2/28 if enrolled for spring term)**. Coverage will be cancelled retroactive to the start date of the **term** you are enrolled (i.e., 8/1 for fall term or 2/1 for spring term).

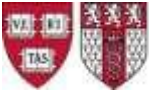
OR

- The cancellation application is received within **45 days business days of gaining other dental coverage. The effective date of the alternative dental insurance determines the cancellation date.**
- Appropriate documentation to support the event is mandatory and must be submitted with your cancellation form.

You must provide a letter from the other employer or insurer indicating you and/or enrolled dependents are enrolled or eligible for other dental coverage. The document must have the name(s) of those enrolled, and the date coverage started. You cannot re-enroll until the next open enrollment period or within 60 days of losing other dental insurance coverage.

 If approved:

- Coverage will be cancelled retroactive to the plan effective date (i.e., 8/1 for fall term or 2/1 for spring term) if cancelling by the enrollment deadline or within 5-business days of submitting the enrollment application.
- Coverage will be cancelled retroactive to the effective date of the alternative dental plan if cancelling within 45 days of gaining other dental coverage.
- If applicable, a credit will be applied to your student account within 10-20 business days.
- **Re-enrollment** will be available during the next open enrollment period in which you are eligible to enroll or within 60 days of losing other dental insurance coverage (documentation required).
- Appeals to this policy will not be considered.



Dental Blue Insurance Cancellation Application AY2021-22

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

Student's Last Name	First Name
HUID Number:	Email:

Cancellation is for [check 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*

Name	Date of Birth (mm/dd/yy)

Applications to cancel the Dental Blue plan will be approved if:

- **No services were used** for the term in which you are requesting to cancel AND
- Received by the applicable coverage **enrollment deadline** (9/30 fall term or 2/28 spring term) OR
- Received within **5 business days** of submitting the enrollment application OR
- Received within **45 business days** of obtaining other dental coverage

If approved:

- The optional Dental Blue plan will be cancelled retroactive to the effective date of coverage or retroactive to the effective date of the alternative dental plan.
- If applicable, a credit will be applied to the student's account within 10-20 business days.
- **Re-enrollment** will only be available during the next open enrollment period in which you are eligible to enroll or within 60 days of losing other dental insurance coverage (documentation must be submitted with the cancellation application).
- Appeals to this policy will not be considered.

Signature: _____ Date: _____