

## Student Dental Blue Plan (Optional) Spring 2022 Application

**Submit this application by the enrollment deadline 2/28 or within 60 days of the life changing event to [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu)**

This application is for newly enrolled spring students who wish to enroll themselves and dependent(s), or for those enrolling due to a life changing event. Students who were registered during the fall term are not eligible unless they lost dental coverage within 60 days.

The Student Health Insurance Plan (SHIP) includes dental benefits for members up to 19 years of age for members enrolled in SHIP.

Compare the SHIP dental benefits to this optional Dental Blue Plan to make an informed decision about enrolling before adding dependents up to 19 years of age.

### SPRING 2022 Enrollment

Enrollment period: December 1- February 28

Effective Dates of Coverage: February 1, 2022 – July 31, 2022

- This application must be received by the enrollment deadline: **February 28 11:59 PM EDT** or within 60 days of losing other dental coverage.
- The cost of the optional dental plan will be charged to your student account.
- Enrollment and/or renewal are not automatic (for students or their dependents).

#### ELIGIBILITY

- Spring term enrollment is for new students and their dependents or those returning from a leave of absence.
- *Extension School students and their dependents – should submit this application directly to the Extension School.*
- *Post-doc Affiliates and their dependents **are not eligible** to participate in this plan.*

#### ENROLLMENT DUE TO A LIFE CHANGING EVENT

Students can enroll within 60 days of losing other dental insurance and add dependents. There is an additional cost to add dependents to this plan.

- This application must be received within 60 days of the life changing event date.
- **Documentation is required** for enrollment for the student and each family member being added for coverage.
- Coverage will start the day following the life changing event date.
- Cost for the dental plan will be prorated and charged to the student's account.
- Student must have been already enrolled in the dental plan to add eligible dependents with a life changing event.
- **Life changing events for dependents** include loss of dental coverage, marriage, legal adoption or legal guardianship, and a dependent entry into the country

#### CANCELLATIONS

A cancellation request must be received within the cancellation period of the enrollment and all conditions as stated in the cancellation policy are met. View the [cancellation policy](#) and submit request by the applicable deadline.

## Student Dental Plan (Optional) Dental Blue SPRING 2022 Application

The student is responsible for ensuring that their application was received by the applicable deadline.

Submit this application by 2/28 or within 60 days of the life changing event to [mervices@huhs.harvard.edu](mailto:mervices@huhs.harvard.edu)

**This spring term enrollment application is for new students and their dependents or those returning from a leave of absence.**

### STEP 1: COMPLETE YOUR INFORMATION

HUD (first 8)	Student's Last Name	First Name

### STEP 2: SELECT A TYPE OF CONTRACT (for new students or those returning from a leave of absence)

Student (only): \$264     Student + 1 Dependent: \$509.50     Student + 2 or more Dependents: \$786.50

**I am enrolling due to a life changing event: Rate will be prorated based on the life changing event date.**

**Official documentation of the event is required and must be submitted with this application**

Student (only)     Student +1 Dependent     Student +2 or more Dependents

### STEP 3: ADD DEPENDENTS

**IMPORTANT: The Student Health Insurance Plan includes dental benefits for members up to 19 years of age.** Compare the Student Health Insurance Plan dental benefits to this optional Dental Blue Plan to make an informed decision about enrolling.

List all eligible dependents you want to be covered under your dental policy below

Last Name (if different from Student)	First Name	Date of Birth (mm/dd/yyyy)	Gender
Married Spouse			
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Children (through age 26 only)			
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

### STEP 4: ACCEPT TERMS, SIGN AND DATE APPLICATION

This is a contract that runs from 2/1 through 7/31. The effective date may differ for enrollments due to a life changing event. I understand this is an optional plan that needs to be renewed by the posted deadline. If I fail to renew my application for the next academic year by the deadline, I will not be able to enroll in this plan without a life changing event.

**I understand:**

- This plan can only be cancelled for a refund if my request is received by the enrollment deadline 2/28 in which I or my dependents are enrolling, or within 5 business days of submitting the enrollment application, or within 45 business days of gaining other dental coverage. The effective date of the alternative dental insurance determines the cancellation date. There is no appeal to this policy. [View cancellation policy and application.](#)
- The dental benefits and dentist network are available on the HUSHP website: [hushp.harvard.edu](http://hushp.harvard.edu)
- That if it is past the deadline and HUSHP Member Services has no record of my application, I can only appeal for coverage with a copy of the application and record that it was received by Member Services.
- Documentation for dependents (e.g., marriage certificate, birth certificate) must be submitted with this application if you have not already submitted it to add them to Harvard University Student Health Program.

I certify that all information is true and correct to the best of my knowledge. Also, I understand that the effective date and the termination date of my membership will be determined by Harvard University in accordance with the underwriting guidelines of Blue Cross Blue Shield of Massachusetts. In addition, I authorize the charges to be added to my student account.

Student's signature

Date