

## HUSHP Graduate Extension Insurance Cancellation Policy and Form

*This form is to request a partial cancellation of the non-used period of my graduating student extension coverage for myself and any enrolled dependents. [Non-used period of coverage: 11/01/2020-01/31/2021]*

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

### POLICY STATEMENT

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

- The cancellation application is received **prior to November 1<sup>st</sup>**. Applications will only be accepted between October 1<sup>st</sup> and October 31<sup>st</sup>.
- You did not receive a prescription drug travel override which allowed you (or enrolled dependents) to fill multiple months of medication early.

### This request will be processed as follows:

**If approved:**

- Coverage to the plan will be cancelled effective November 1<sup>st</sup>, 2020; all medical and prescriptions claims from November 1<sup>st</sup> onwards will be your liability.
- Both the Student Health Fee and the Student Health Insurance Plan will be cancelled.
- The plan termination will apply to you and any enrolled dependents.
- Re-enrollment onto the plan will NOT be allowed.
- An applicable credit for the 3 months will be applied to your student account within 10-20 business days. Visit [my.harvard.edu](http://my.harvard.edu) to see the credit. If the reimbursement leaves your account with a credit balance, --that is, if you have paid more than you are required to pay, you may [request a refund](#) through direct deposit. If you have additional questions about requesting a refund, please call 617-495-2739.

**If the request is received after November 1<sup>st</sup> or if services were used:**

- Early cancellation will be denied and coverage will remain active through January 31, 2021.
- Charges will remain on your student account.

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

**Office use only:** Accepted By \_\_\_\_\_ Processed By \_\_\_\_\_ Cancellation Date: \_\_\_\_\_ Other \_\_\_\_\_

Return by email to: HUSHP Member Services: [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu) • Office: (617) 495-2008

**APPEALS TO THIS POLICY WILL NOT BE CONSIDERED.**