

# Steps to complete an online waiver with National Health Coverage or any plan based outside of the United States

Students must have coverage comparable in the state or country where the students will be learning during the Fall 2020 term.

## Waiving with foreign insurance that is not National Health Coverage

1. **SELECT "Other"** as the Insurance Name from the drop down list:

**NON-HARVARD INSURANCE INFORMATION**

Enter your non-Harvard insurance address and policy details to request a waiver of the Student Health Insurance Plan. [ [Reading your insurance card](#) ]

<b>Insurance Name</b> Other	<b>Are you covered by Medicaid?</b> (often referred to as "MassHealth" in Massachusetts) <input type="radio"/> No <input type="radio"/> Yes [ ? ]
<b>Specify</b>	
<b>Street</b>	<b>Country</b> United States
<b>City</b>	<b>State</b> Select State...
<b>Zip Code</b>	<b>Insurance Phone</b> XXX-XXX-XXXX
<b>Policy/Member ID</b> [ ? ]	<b>Group Number</b> (Optional) [ ? ]
<b>Relation to Subscriber</b> Select Relation to Subscriber...	<b>Subscriber Name</b>

How much does your non-Harvard insurance policy require one member to pay in a plan year towards a deductible?  
This information can usually be found on your ID card, or through a summary of benefits and coverage (SBC). If you are not able to locate this dollar figure, you should contact the Customer Service department of your non-Harvard insurance policy. [ [Understanding Deductible](#) ]

**Deductible** Select Deductible Range...

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2. **SELECT the Country** from the drop-down list before completing the rest of the fields

**NON-HARVARD INSURANCE INFORMATION**

Enter your non-Harvard insurance address and policy details to request a waiver of the Student Health Insurance Plan. [ [Reading your insurance card](#) ]

<b>Insurance Name</b> Other	<b>Are you covered by Medicaid?</b> (often referred to as "MassHealth" in Massachusetts) <input type="radio"/> No <input type="radio"/> Yes [ ? ]
<b>Specify</b>	
<b>Street</b>	<b>Country</b> United States
<b>City</b>	<b>State</b> Select State...
<b>Zip Code</b>	<b>Insurance Phone</b> XXX-XXX-XXXX
<b>Policy/Member ID</b> [ ? ]	<b>Group Number</b> (Optional) [ ? ]
<b>Relation to Subscriber</b> Select Relation to Subscriber...	<b>Subscriber Name</b>

How much does your non-Harvard insurance policy require one member to pay in a plan year towards a deductible?  
This information can usually be found on your ID card, or through a summary of benefits and coverage (SBC). If you are not able to locate this dollar figure, you should contact the Customer Service department of your non-Harvard insurance policy. [ [Understanding Deductible](#) ]

**Deductible** Select Deductible Range...

[Back](#) [Continue](#)

Alternate Email (Optional)  Students with coverage from insurance carriers outside the U.S. and coverage by foreign National Health Service programs will not be accepted, unless the student is studying outside of the U.S.

NON-HARVARD INSURANCE INFORMATION

Enter your non-Harvard insurance address and policy details to request a waiver of the Student Health Insurance Plan. [ Reading your insurance card ]

Insurance Name  Specify  by Medicaid? (often referred to as "MassHealth" in Massachusetts)  No  Yes [ ? ]

Street  Country  United States

City  State

Zip Code  Insurance Phone XXX-XXX-XXXX

Policy/Member ID  [ ? ] Group Number (Optional)  [ ? ]

Relation to Subscriber  Select Relation to Subscriber... Subscriber Name

How much does your non-Harvard insurance policy require one member to pay in a plan year towards a deductible? This information can usually be found on your ID card, or through a summary of benefits and coverage (SBC). If you are not able to locate this dollar figure, you should contact the Customer Service department of your non-Harvard insurance policy. [ Understanding Deductible ]

Deductible  Select Deductible Range...

Back Continue

3. COMPLETE the rest of the required fields to submit your waiver. Note that the insurance policy ID number will be required in order to complete the application. Be sure to submit your waiver prior to logging out.

**Waiving with National Health Coverage**

1. SELECT "National health care-foreign remote learning abroad" as the Insurance Name from the drop down list. Most fields will auto populate with information:

NON-HARVARD INSURANCE INFORMATION

Enter your non-Harvard insurance address and policy details to request a waiver of the Student Health Insurance Plan. [ Reading your insurance card ]

Insurance Name  National health care - foreign - remote learning abroad  Are you covered by Medicaid? (often referred to as "MassHealth" in Massachusetts)  No  Yes [ ? ]

Street  Remote learning abroad Country  United States

City  Remote learning abroad State  Massachusetts

Zip Code  00000 Insurance Phone XXX-XXX-XXXX 1-000-000-0000

Policy/Member ID  National ID [ ? ] Group Number (Optional)  [ ? ]

Relation to Subscriber  Select Relation to Subscriber... Subscriber Name

How much does your non-Harvard insurance policy require one member to pay in a plan year towards a deductible? This information can usually be found on your ID card, or through a summary of benefits and coverage (SBC). If you are not able to locate this dollar figure, you should contact the Customer Service department of your non-Harvard insurance policy. [ Understanding Deductible ]

2. Complete the rest of the fields – that apply

3. SELECT the **Country** from the drop-down list

NON-HARVARD INSURANCE INFORMATION

Enter your non-Harvard insurance address and policy details to request a waiver of the Student Health Insurance Plan. [ [Reading your insurance card](#) ]

<b>Insurance Name</b> Select "Other" if your insurance is not listed	National health care - foreign - remote learning abroad	<b>Are you covered by Medicaid?</b> (often referred to as "MassHealth" in Massachusetts)	<input type="radio"/> No <input type="radio"/> Yes [ ? ]
<b>Street</b>	Remote learning abroad	<b>Country</b>	United States
<b>City</b>	Remote learning abroad	<b>State</b>	Massachusetts
<b>Zip Code</b>	00000	<b>Insurance Phone</b> XXX-XXX-XXXX	1-000-000-0000
<b>Policy/Member ID</b>	National ID [ ? ]	<b>Group Number</b> (Optional)	[ ? ]
<b>Relation to Subscriber</b>	Select Relation to Subscriber...	<b>Subscriber Name</b>	

How much does your non-Harvard insurance policy require one member to pay in a plan year towards a deductible?  
This information can usually be found on your ID card, or through a summary of benefits and coverage (SBC). If you are not able to locate this dollar figure, you should contact the Customer Service department of your non-Harvard insurance policy. [ [Understanding Deductible](#) ]

4. If your country uses a national ID number, you can update the policy number field, otherwise leave this field as is - this is not required.

5. Be sure to submit your waiver prior to logging out.

An email will be sent immediately to the email addresses provided after submitting your waiver online. If you need any further assistance please contact our office.

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