



## HUSHP Leave of Absence Cancellation Request Form AY2020-2021

*This application is to request a partial cancellation at the three-month mark of my LOA coverage extension. It does not cancel the first three-months of my leave of absence coverage.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

**This application will be processed as follows:**

**If received by the last day of the third month of leave of absence coverage:**

- The second half of my leave of absence coverage will be cancelled, and a credit will be issued to me via the same method of payment.
- Any medical and prescription services received on and after the 1<sup>st</sup> day of the 4<sup>th</sup> month will not be covered by the plan and I will be responsible for all costs incurred after the plan termination date.

**If received beyond the last day of the third month of coverage:**

- The second series of 3 month leave of absence coverage will **NOT** be cancelled
- A credit will not be issued, you will be covered for the remaining 3 months

**Cancellation is for:**

The three (3) remaining months of non-used LOA coverage  
Non-used coverage period: \_\_\_\_\_

**I understand that this cancellation request will result in a loss of coverage for myself and any dependents I have enrolled on the leave of absence coverage extension. Re-enrollment into the plan will not be available until I return to the University as a registered student.**

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

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

Return to: [mervices@huhs.harvard.edu](mailto:mervices@huhs.harvard.edu)