Leave of Absence/Withdrawal Policy

Please contact the Harvard University Student Health Program (HUSHP) Member Services department at 617-495-2008 or mservices@huhs.harvard.edu as early as possible with any questions.

Policy Statement

This policy covers the impact on health insurance coverage when going on a leave of absence (LOA) or withdrawing from the University, and the options to extend coverage. The application to apply for coverage is at the bottom of this document. This policy does not apply to Extension School students or post-doctoral affiliates.

Policy Guidelines

- When a student takes a leave of absence or withdraws from the University, their active student coverage will terminate at the end of the month, based on their last date of attendance (table below). If applicable, a refund for the remaining months in a plan term will be applied to the student’s bill.

Students can purchase a four-month extension of the coverage, which would be effective from their first day without the active student coverage.

Required actions:

- The student must apply for coverage within 30 days of their HUSHP coverage end date. If the student is taking a leave of absence or withdrawing before the start of a new term, the deadline to apply for extended coverage is 9/15 for fall term and 3/15 for spring term.
  - The student is eligible to purchase the same coverage they were enrolled in at the time of their leave or withdrawal.
  - The student is eligible to enroll dependents if their dependents were covered by their active HUSHP coverage at the time of their leave.

All health care costs incurred after the HUSHP termination date will be the student’s responsibility.

<table>
<thead>
<tr>
<th>If your official last date of attendance is in:</th>
<th>Your active student coverage will end:</th>
<th>You will need to apply for leave of absence coverage by:</th>
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<tbody>
<tr>
<td>Fall Term</td>
<td></td>
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<tr>
<td>August</td>
<td>August 31</td>
<td>September 30</td>
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<td>November</td>
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<tr>
<td>December through January</td>
<td>January 31</td>
<td>March 15</td>
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<td>Spring Term</td>
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<tr>
<td>February</td>
<td>February 28/29</td>
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<td>March</td>
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<td>April</td>
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<td>May 31</td>
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<td>May through July</td>
<td>July 31</td>
<td>September 15</td>
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Example: If you take a leave of absence in the fall and your official last date of attendance is November 15, your student coverage would end on November 30. The cost of 4 months of coverage would remain on your student bill. You would then have 30 days from the loss of coverage date to enroll in the 4 month leave of absence extension.

Coverage beyond the 4-months extension: In very limited cases, additional coverage beyond the 4-months extension may be granted. An appeal application for additional coverage, along with the required documentation, must be completed and submitted at least ten business days before you lose your HUSHP leave of absence coverage. More information is available on hushp.harvard.edu.

There is no exception to this policy.
Enrollment Application for Students on Leave or Withdrawn
Academic Year 2019-2020

Student Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>HUID:</th>
<th>Telephone:</th>
<th>Email:</th>
</tr>
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This application is for four months of coverage. It must be received within 30 days of your loss coverage (or, in the case of students going on leave/withdrawing before a new term starts, by 9/15 or 3/15).

The student’s current coverage will end on the last day of the month of their last date of attendance with the University, and their leave of absence/withdrawn coverage will begin the following month. For example, if the student’s last date of attendance is September 15, their last date of “registered” student coverage would be September 30 and the coverage extension will officially begin on October 1 and end on January 31.

Select a type of coverage (four months):

Student Health Fee Only
Available to students who previously waived Student Health Insurance Plan

☐ Student $ 402

Student Health Fee and Student Health Insurance Plan
Dependents must have been previously enrolled

☐ Student only $ 1,635.33 ☐ Student + Children $ 3,689.33
☐ Student + Married Spouse $ 4,208.00 ☐ Student + Married Spouse + 1 Child $ 5,574.67
☐ Student + 1 Child $ 3,002.00 ☐ Student + Married Spouse + Children $ 6,262.00

I have read and understand the HUSHP Benefits and Leave of Absence/Withdrawn Policy which is available on the HUSHP website. I understand that it is my responsibility to plan ahead for continuous coverage once this coverage terminates. I also understand that I am only eligible to appeal for additional leave of absence coverage if I have satisfied the criteria listed in the Appeal to Extend Coverage Beyond the Four Month Extension section of the policy.

All checks must be made payable to Harvard University.

Signature ____________________________________________ Date _____________________________________

Office use Only:

Coverage Start Date: ________________________ Coverage End Date: ________________________

Accepted By ____________ Last Date of Attendance: _________ / Processed By _________ / Email Sent

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