



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 option to extend coverage for six months. **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 student coverage will terminate automatically at the end of the month, based on their last date of attendance recorded by their school registrar. If applicable, a refund for the remaining months in a plan term will be applied to the student’s account. If the student’s last date of attendance is December-January in the fall, or May-July in the spring, they will remain covered through the end of the term’s health coverage period and will not be refunded.
- Students can purchase a **six-month** extension of the coverage they had prior to taking their leave, (ex: SHF only, SHIP only, or SHF+SHIP), which would be effective from their first day without the active student coverage. Students will have the option to request a partial cancellation at the three-month mark of the coverage extension. Example: if the extension period runs from 8/1-1/31, the student will have the option to cancel coverage for the period 11/1-1/31.

Required actions:

| Terms of enrollment | Terms of cancellation |
|---|---|
| <p>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.</p> <ul style="list-style-type: none"> • The student is only 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. • Application and payment must be submitted within 30 days of the active coverage end date. | <p>Students may request a partial cancellation at the three-month mark of their leave of absence coverage extension.</p> <ul style="list-style-type: none"> • The student must submit their request to cancel by the end of the third month of the leave of absence coverage. Example: if the coverage period runs from 8/1-1/31, the request to cancel must be received by 10/31. • The student would receive a refund on their student account for the remaining three months of the coverage. • The student would be responsible for all medical and prescription drug costs incurred after their plan termination date. • Once the request to cancel has been processed, the student cannot re-enroll on HUSHP until they return to the University as a registered student. |
| There is no extension for coverage beyond the six-months; appeals to this policy will not be considered. | |

EXAMPLE

If you take a leave of absence in the fall and your official last date of attendance is November 15, your active student coverage would end on November 30. The cost of 4 months of active coverage (August –November) would remain on your student account.

IF YOU DECIDE TO PURCHASE THE EXTENSION: You would have 30 days from the loss of coverage date (11/30) to enroll on the leave of absence extension. Using the example above, this would extend your coverage through the end of May.

IF YOU DECIDE TO CANCEL AT THE THREE-MONTH MARK: You will need to request a cancellation by the end of your third month of leave absence coverage. Using the example above, you would need to request your cancellation by 2/28. Your leave of absence coverage termination date would be 2/28, and you would be responsible for all medical and prescription drug costs incurred from 3/1 onward.

Enrollment Application for Students on Leave or Withdrawn

 Return to: HUSHP Member Services • Email mervices@huhs.harvard.edu • Office: (617) 495-2008

PAYMENT MUST BE MADE [ONLINE](#) OR VIA YOUR STUDENT ACCOUNT.

| Student Information | | | |
|---|--|------------------|----------------------------------|
| HUID (first 8) | Last Name | First Name | |
| | | | |
| School | | | |
| Email#1 | | Email#2 | |
| This application is for six-months of coverage. It must be received within 30 days of losing your active student coverage along with your payment (or, in the case of students going on leave/withdrawing before a new term starts, by 9/15 or 3/15). The official last date of attendance recorded by your school determines when your 6 month coverage will start. You are eligible to purchase the same coverage that you were enrolled in at the time of your leave or withdrawal. | | | |
| Select type of coverage(below) | | | |
| Type of Coverage | PAYMENT MUST BE MADE ONLINE OR VIA YOUR STUDENT ACCOUNT. | <i>Inside MA</i> | <i>Outside of MA</i> |
| | Student Health Fee ONLY- Only available to students who previously waived the Student Health Insurance Plan (SHIP) | \$603 | \$301 |
| | SHIP ONLY (available to students who previously waived the Student Health Fee (SHF)) | \$1,961 | \$1,961 |
| | Student Only (SHF & SHIP) | \$2,564 | \$2,262 |
| | Student + Married Spouse | \$6,596 | |
| | Student + 1 Child | \$4,706 | |
| | Student + Children | \$5,783 | |
| | Student + Married Spouse +1 Child | \$8,738 | |
| | Student + Married Spouse + Children | \$9,815 | |
| DEPENDENTS – who were previously enrolled prior to your leave/withdrawal are eligible for this coverage. | | | |
| Dependent Information (if applicable) | | | |
| Last Name | First Name | Date of Birth | Relationship |
| | | | Married/Spouse Male Female |
| | | | Male Female |
| | | | Male Female |
| | | | Male Female |
| SIGN/DATE APPLICATION AND CONFIRM YOUR PAYMENT TYPE | | | |
| 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 may request a partial cancellation at the three month mark of this extension; I understand that the request to cancel must be received by the end of the third month of the leave of absence coverage. | | | |
| <input type="checkbox"/> Please check here if you are living outside of Massachusetts. | | | |
| <input type="checkbox"/> I PAID ONLINE <input type="checkbox"/> REC'VD PERMISSION TO APPLY CHARGES TO MY STUDENT ACCOUNT | | | |
| Student's Signature | | Date | |
| | | | |