

Optional Extension for May/Nov 2020 Graduates

POLICY STATEMENT

If you are a May 2020 graduate or a November 2020 degree candidate currently enrolled in the Student Health Insurance Plan and the Student Health Fee, we are offering a one-time opportunity to extend your HUSHP coverage past July 31. Please note that this extension may not be the right option for all graduates. When shopping for health insurance, make sure you are an informed consumer and [ask the right questions](#).

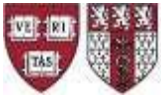
- To qualify to purchase the extension, you must be a May or November degree graduate currently enrolled in both the Student Health Fee and the Student Health Insurance Plan for Spring 2020. You may add dependents if they were enrolled in HUSHP for Spring 2020. **This extension does not apply to the optional dental plan. Extension School Students do not qualify for enrollment.**
- Enrollment is not automatic; an enrollment application must be completed and submitted by midnight (EST) on July 31 for May Grads and by midnight (EST) September 10 for November Grads. **NO EXCEPTIONS!**
- The extension is sold in a six-month (08/01/20-01/31/21) block of coverage only, and includes both the Student Health Fee and the Student Health Insurance Plan.
- **Payment must be made in full before your coverage will be activated; charges will be applied to your student bill. November Grads who enroll after July 31 must make payment through the online [HUSHP payment portal](#).** If payment is not received by August 17 for May Grads & September 15 for November Grads, your application will be voided. In the event that your payment is initially processed and then does not clear, HUSHP reserves the right to void your application.
- You may add a dependent to your coverage after the open enrollment period only if they experience a qualifying [life-changing event](#). The coverage and the cost will be pro-rated to the day of the event. Documentation of the event is required. Payment must be made in full through the online [HUSHP payment portal](#) before coverage is activated. Please contact Member Services for payment amount.
- This is not your only option; you can explore [alternative health plan options](#) via the [Massachusetts Health Connector](#) and [HealthCare.gov](#).

CANCELLATIONS:

- Cancellations for a full refund will only be accepted through **midnight (EST) on 07/31/2020** for May grads and through **midnight (EST) on 09/10/2020** for November grads.
- We will offer a **one-time opportunity to cancel** the extension at the **three-month mark** for the non-used coverage period of 11/01/2020-01/31/2021 (**for a three-month refund**); cancellation information will be communicated via email to enrolled subscribers in October. Cancellations will only be accepted between October 1 and midnight (EST) October 31.
- Appeals to this policy will not be considered.

If approved:

- If enrolling by July 31, [charges](#) will be submitted to your student account **within 3-5 business days**. November Grads or dependents who enroll after July 31, payment must be made through the online [HUSHP payment portal](#).
- Once your payment is made in full, it may take **2-5 business days for coverage activation**.
- By purchasing the extension plan, you understand that you will be enrolled in the Student Health Fee and the Student Health Insurance Plan from 08/01/20-01/31/21. The only exception is for dependents added due to a life-changing event.
- This is a one-time extension; you will be responsible for securing other health coverage when the extension terminates on 01/31/2021.



Optional Extension for May/Nov 2020 Graduates

*This application is to enroll in the Student Health Fee and the Student Health Insurance Plan. It does **NOT** apply to the dental plan or for Extension School students.* You must be a May or November degree graduate enrolled in both the Student Health Fee and the Student Health Insurance Plan for Spring 2020. You may add dependents only if they were enrolled in HUSHP for Spring 2020.

First Name: _____ Last Name: _____

Harvard ID: _____ Email: _____

Submit application to: HUSHP Member Services ▪ Email mservices@huhs.harvard.edu
Pay online before submitting this application: [HUSHP payment portal](#)

This application will be processed as follows:

If received by the applicable enrollment deadline and payment is made in full:

- The Harvard University Student Health Program coverage will be activated from 08/01/2020 to 01/31/2021.

If adding a new dependent within 45 days of a qualifying event:

- The Harvard University Student Health Program dependent coverage and costs will be pro-rated to the day of the qualifying event. Documentation of the event is required.

If received after the applicable enrollment deadline, or if full payment is not received by the applicable deadline, or it is received beyond the 45 days of a dependent qualifying event, or without appropriate documentation to support the dependent qualifying event:

- The enrollment request will not be processed for the coverage extension and the application will be voided.

Enrollment is for:

- Fall Term (August 1, 2020 through January 31, 2021)

Enrollment is for the following member(s) [check one]:

- I am requesting enrollment for **myself ONLY**
- I am requesting enrollment for myself and my enrolled dependent(s) specified below:

Spouse/Name: _____ Date of Birth: _____

Child/Name: _____ Date of Birth: _____

Child/Name: _____ Date of Birth: _____

Child/Name: _____ Date of Birth: _____

By submitting this application you acknowledge that you have read and understood the [Plan benefits and the cancellation policy](#), and that re-enrollment into the plan will not be available after January 31, 2021. You can enroll additional dependents within 45 days of a qualifying [life changing event](#) (documentation of the event is required).

Signature: _____ Date: _____