



## Waiver Rescind Policy and Application Student Health Insurance Plan and Student Health Fee

### POLICY STATEMENT

Students who waived the Student Health Insurance Plan and/or the Student Health Fee may be eligible to re-enroll only if one of the following criteria is met. Coverage start date and costs to re-enroll are dependent upon the application submission date. Penalty fees may apply in some cases. See application details on the second page for more information.

<b>Student Health Insurance Plan</b>	
<b>Criteria</b>	<b>Required steps to be re-enrolled</b>
<b>1. Experienced loss of alternative insurance coverage no more than <u>60 days ago</u></b>	<ul style="list-style-type: none"> <li>Submit waiver rescind application to HUSHP Member Services by email</li> <li>Attach documentation of your loss of coverage to the application. Documentation must be on letterhead from the employer or the insurance company.</li> </ul> <p><b>Your name and the exact termination date must be included on the document.</b></p>
<b>2. Experienced loss of alternative insurance coverage <u>61 or more days ago</u></b>	<ul style="list-style-type: none"> <li>Submit waiver rescind application to HUSHP Member Services by email</li> <li>Attach documentation of your loss of coverage to the application. Documentation must be on letterhead from the employer or the insurance company.</li> </ul> <p><b>Your name and the exact termination date must be included on the document.</b></p> <p>Note: Coverage cannot be reinstated more than <b>102</b> days from the date that HUSHP Member Services receives a completed application or prior to the beginning of the term of coverage, whichever is sooner.</p>
<b>3. Did not experience a loss of alternative insurance coverage, but requesting to be re-enrolled by the waiver deadline</b>  <b>waiver deadlines:</b> <b>Fall Term 7/31, Spring Term 1/31</b>	<ul style="list-style-type: none"> <li>Submit waiver rescind application to HUSHP Member Services by email</li> </ul>
<b>4. Without a loss of alternative insurance coverage and after the waiver deadlines</b>	<ul style="list-style-type: none"> <li>You will not be allowed to enroll in the Student Health Insurance Plan until the following coverage term</li> </ul>
<b>Other important points: adding dependents and optional dental</b> <ul style="list-style-type: none"> <li>If your dependent(s) also experienced a loss of insurance coverage and you would like to add them to the plan, submit an online application within <b>45 days</b> from the coverage termination date. <b>Visit <a href="http://hushp.harvard.edu">hushp.harvard.edu</a> for more information about enrolling dependents.</b></li> <li>If you are also losing <b>dental coverage</b> and wish to purchase the optional dental plan, you must submit a separate application. Deadlines apply. <b>Visit <a href="http://hushp.harvard.edu">hushp.harvard.edu</a> for more information.</b></li> </ul>	

<b>Student Health Fee</b>	
<b>Criteria</b>	<b>Required steps to be re-enrolled</b>
The Student Health Fee can only be rescinded if one of the criteria below are met: <ul style="list-style-type: none"> <li>loss of alternative coverage</li> <li>entry into the United States</li> <li>birth of a child, legal adoption/guardianship: only when adding dependent(s) to HUSHP</li> <li>marriage: only when adding a spouse to HUSHP</li> </ul>	<ul style="list-style-type: none"> <li>Submit waiver rescind application to HUSHP Member Services by email</li> <li>Attach documentation of your qualifying criteria to the application. <b>For example:</b> if you are enrolling due to entry into the U. S., a copy of your passport stamped with date of entry is required, or you may provide a U. S Customs and Border Protection Form (I-94) instead of a stamped passport.</li> </ul>



## Student Health Insurance Plan Waiver Rescind Application Academic Year 2021-2022

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

Name: \_\_\_\_\_

HUID: \_\_\_\_\_ Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

This application and required documentation must be submitted **within 60 days** of your qualifying event to avoid penalty fees. If you are also **adding dependents** to your policy, please review the enrollment guidelines. You must complete the dependent enrollment application online within 45 days of their event.

Request to Rescind Student Health Insurance Plan Waiver. Please select ONE:
<input type="checkbox"/> <b>I experienced a loss of alternative coverage no more than 60 days ago</b>
<ul style="list-style-type: none"> <li>I will be enrolled retroactively on the first day after my other coverage ends</li> <li>I must provide documentation to re-enroll; this is needed to determine my effective date</li> <li>The cost of the Student Health Insurance Plan will be prorated to the first day of my effective date</li> <li>Charges will be applied to my student account</li> </ul>
<input type="checkbox"/> <b>I experienced a loss of alternative coverage 61 or more days ago</b>
<ul style="list-style-type: none"> <li>I will be enrolled retroactively on the first day after my other coverage ends</li> <li>I must provide documentation to re-enroll; this is needed to determine my effective date</li> <li>The cost of the Student Health Insurance Plan will be prorated to the first day of my effective date</li> <li>I will be assessed and charged a <b>penalty fee of \$150 for each calendar month</b> beyond 60 days of my previous plan's end date</li> <li>Charges will be applied to my student account</li> <li>I understand that coverage cannot be reinstated more than 102 days from the date that HUSHP Member Services receives my completed application or prior to the beginning of the term of coverage, whichever is sooner</li> </ul>
<input type="checkbox"/> <b>By the waiver deadline (July 31 for fall or January 31 for spring) and without a loss of other coverage</b>
<ul style="list-style-type: none"> <li>I will be enrolled with a start date of August 1 (fall term) or February 1 (spring term), depending upon which term I am rescinding</li> <li>The cost of the Student Health Insurance Plan is not prorated</li> <li>I will be charged a \$50 processing fee</li> </ul>

Request to Rescind Student Health Fee Waiver Please select ONE
<i>Qualifying events*: Loss of coverage, birth of a child, legal adoption/guardianship, marriage, entry into to the United States</i>
<input type="checkbox"/> <b>I wish to rescind my Student Health Fee waiver because I meet one of the qualifying event criteria above</b>
<ul style="list-style-type: none"> <li>I will be enrolled retroactively on the first day following my qualifying event* above</li> <li>I must provide documentation to re-enroll for the health fee, this is needed to determine my effective date</li> <li>The cost of the Student Health Fee will be prorated to the first day of my effective date</li> <li>Charges will be applied to my student account</li> </ul>
<input type="checkbox"/> <b>I wish to rescind by the waiver deadline (July 31 for fall or January 31 for spring) and without a qualifying criteria</b>
<ul style="list-style-type: none"> <li>I will be enrolled as of August 1 (fall term) or February 1 (spring term)</li> <li>I will be charged the full cost of the fee for the entire term</li> <li>I will be charged a \$25 processing fee</li> </ul>

By signing this application, I acknowledge that I have read and agree to the policy conditions. I understand that all applications are final and that I will not be allowed to waive again for the term I rescinded. If false information is knowingly provided to Member Services, students will be reported to the appropriate Dean of Students for disciplinary action.

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