

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 (6) months. Enrollment is optional. **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 who enroll for the extension must purchase both components the health fee (SHF) and the insurance (SHIP) for a comprehensive plan, unless students waives the health fee (SHF) or, the insurance (SHIP) the 6-month extension coverage is sold as a package.
- Students can purchase a **6-month** extension of the coverage they had prior to taking their leave, (ex: SHF only - to utilize coverage students must be in Massachusetts), 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 (3) 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 from the first date student loses their HUSHP coverage. <p>There is no extension for coverage beyond the 6 months; appeals to this policy will not be considered.</p>	<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 in the manner in which they paid (on their student account, check or credit card MasterCard/Visa) 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.

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 in the leave/withdrawal coverage is optional.

Note that all health care costs incurred after the HUSHP termination date will be the student's responsibility.

Student must apply by the deadlines as stated in the policy.

Chart below depicts how coverage will be prorated when you take a leave or withdraw.

If your official last date of attendance is between:	Your student coverage will end:	Term Bill Adjustments		You will need to apply/pay for leave of absence coverage by:
Fall Term				
August 1- August 31	August 31	Charged 1 month's coverage (Aug)	Credit for 5 months (Sep – Jan)	September 30
September 1- September 30	September 30	Charged 2 month's coverage (Aug-Sep)	Credit for 4 months (Oct-Jan)	October 31
October 1- October 31	October 31	Charged 3 month's coverage (Aug-Oct)	Credit for 3 months (Nov-Jan)	November 30
November 1- November 30	November 30	Charged 4 month's coverage (Aug-Nov)	Credit for 2 months (Dec- Jan)	December 31
December through January	January 31	Full term cost (no refund)		March 15
Spring Term				
February 1- February 28	February 28/29	Charged 1 month's coverage (Feb)	Credit for 5 months (Mar – July)	March 31
March 1- March 31	March 31	Charged 2 month's coverage (Feb-Mar)	Credit for 4 months (Apr-Jul)	April 30
April 1- April 30	April 30	Charged 3 month's coverage (Feb- Apr)	Credit for 3 months (May-Jul)	May 31
May through July	July 31	Full term cost (no refund)	No refunds	September 15



Enrollment Application for Students on Leave or Withdrawn AY2022-2023

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	
Email		School	
<ul style="list-style-type: none"> This application is for six (6) 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. Students who enroll for the extension <u>must purchase both components the health fee (SHF) and the insurance (SHIP) for a comprehensive plan</u>, unless students waives the health fee (SHF) or, the insurance (SHIP) the 6-month extension coverage is sold as a package. 			
Select type of coverage(below)			
Type of Coverage	Cost	PAYMENT MUST BE MADE ONLINE OR VIA YOUR STUDENT ACCOUNT.	
	\$652	Student Health Fee ONLY- Only available to students who previously waived the Student Health Insurance Plan (SHIP)	
	\$2,040	SHIP ONLY (available to students who previously waived the Student Health Fee (SHF))	
	\$2,692	Student Only (SHF& SHIP)	
	\$6,924	Student + Married Spouse	
	\$4,941	Student + 1 Child	
	\$6,072	Student + Children	
	\$9,173	Student + Married Spouse +1 Child	
	\$10,304	Student + Married Spouse + Children	
DEPENDENTS – who were previously enrolled prior to your leave/withdrawal are eligible for this coverage.			
Dependent Information (if applicable): We recognize that not all members identify as Male or Female. BCBSMA is working to update their system to accept additional gender identities and we will update our application as soon as they are made available.			
Last Name (if different from Student)	First Name	Date of Birth	Relationship Married/Spouse __ 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 . 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 (3) 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"/> I PAID ONLINE		<input type="checkbox"/> REC'VD PERMISSION TO APPLY CHARGES TO MY STUDENT ACCOUNT	
Student's Signature			Date