



## Change in Dental Plan Type Application AY2023-2024

Re-enrollment back into your original plan choice will not be an option once this application is submitted.

Student's Last Name:

Student's First Name:

HUID Number:

Email Address:

Select the dental plan you want to change to (check only one):

Preventative Plan

Comprehensive Plan

Student's Signature:

Date:

\*All members you initially enrolled in your dental plan will be switched to the plan type you selected above.

Return by email to HUSHP Member Services at [mervices@huhs.harvard.edu](mailto:mervices@huhs.harvard.edu)

For additional information, please review the [Change in Dental Plan Type Policy and Application webpage](#).