



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

Policy Title: Waiver Rescind Policy; Issuer: Harvard University Student Health Program; Policy Year: AY2023-2024; Revision Date: N/A

**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 (effective) 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>Action Required to Re-enroll</b>
<p><b>1. Experienced loss of alternative insurance coverage no more than <u>60 days ago</u></b></p> <p><i>Official documentation must be submitted with the rescind</i></p>	<p><input type="checkbox"/> Submit waiver rescind application to HUSHP Member Services by email.</p> <p><input type="checkbox"/> <b>Submit documentation of your loss of coverage with application; re-enrollment WILL NOT be processed without it.</b></p> <p><b>Official Documentation:</b></p> <p><input type="checkbox"/> <b>MUST</b> be on letterhead from the employer or the insurance company.</p> <p><input type="checkbox"/> <b>MUST</b> have your full name and the exact termination date on the document you send.</p> <p>Refer to the chart on the page two for examples of how rescinds are processed.</p>
<p><b>2. Experienced loss of alternative insurance coverage <u>61 to 102 days ago</u></b></p> <p><i>Official documentation must be submitted with the rescind</i></p>	<p><input type="checkbox"/> Submit waiver rescind application to HUSHP Member Services by email.</p> <p><input type="checkbox"/> <b>Submit documentation of your loss of coverage with application; re-enrollment WILL NOT be processed without it.</b></p> <p><b>Official Documentation:</b></p> <p><input type="checkbox"/> <b>MUST</b> be on letterhead from the employer or the insurance company.</p> <p><input type="checkbox"/> <b>MUST</b> have your full name and the exact termination date on the document you send.</p> <p><b>A penalty fee of \$150 will be assessed for <u>each calendar month beyond 60 days that the rescind is late.</u></b> <b>Please refer to page two for examples of how rescinds are processed.</b></p> <p>If your coverage terminated <b>more than 102 days ago</b>, your coverage will be reinstated back 102 days from the date that HUSHP Member Services receives the completed rescind application or prior to the beginning of the term of coverage, whichever is sooner.</p> <p>Refer to the chart on page two for examples of how rescinds are processed.</p>
<p><b>3. Without a loss of alternative insurance coverage, but requesting to be re-enrolled by the waiver deadline</b></p>	<ul style="list-style-type: none"> <li>• Submit waiver rescind application to HUSHP Member Services by email for the <b>fall term prior to 7/31 waiver deadline</b>, or for the <b>spring term prior to 1/31</b>.</li> <li>• A \$50 processing fee will be applied to the student’s account.</li> <li>• No documentation will be required</li> </ul>
<p><b>4. Without a loss of alternative insurance coverage and after the waiver deadlines</b></p>	<ul style="list-style-type: none"> <li>• You <b>will not</b> be allowed to enroll in the Student Health Insurance Plan until the following coverage term</li> </ul>
<p><b>Other important points: adding dependents and optional dental</b></p> <ul style="list-style-type: none"> <li>• If your dependent(s) also experienced a loss of medical insurance coverage and you would like to add them to the medical plan, submit an online application within <b>45 days</b> of losing medical coverage. <b>Visit <a href="https://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. Enroll for dental coverage within 60 days of losing dental insurance. <b>Visit <a href="https://hushp.harvard.edu">hushp.harvard.edu</a> for more information.</b></li> </ul>	

## Student Health Fee

Criteria	Required steps to be re-enrolled
<p>The Student Health Fee can only be rescinded if one of the criteria below are met:</p> <ul style="list-style-type: none"> <li>loss of alternative coverage</li> <li>entry into to 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.</li> </ul> <p><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. For U. S. citizens please provide a copy of your boarding pass.</p>

### RESCIND POLICY EXAMPLES

Below are different scenarios for a student whose coverage expired on **August 31 (11:59pm)** and wants to re-enroll in Harvard's insurance. **September 1** is the first date without coverage and to meet 60-day policy criteria, the application and supporting documentation must be received by **10/30**. All three examples are based on the last date of coverage date of **August 31**.

Example: Student lost medical coverage on August 31 (8/31)	Submitted application: within 60 days of losing alternative medical coverage	Submitted application: between 61 and 102 days of losing alternative medical coverage	Submitted application: more than 102 days after losing alternative medical coverage
<b>Effective date of coverage</b>	<p>Rescind is received October 30</p> <ul style="list-style-type: none"> <li>You will be enrolled retroactive on the first day after your coverage ends</li> <li>Effective date of coverage will be <b>September 1</b></li> </ul>	<p>Rescind is received on December 11</p> <ul style="list-style-type: none"> <li>Effective date of coverage will be <b>September 1</b></li> </ul>	<p>Rescind is received on January 2</p> <ul style="list-style-type: none"> <li>Since January 2 is more than 102 days from September 1, the effective date of coverage will be <b>September 22 (102 days from September 1)</b>. <b>Note: claims will not be processed prior to this date.</b></li> </ul> <p>Retroactive enrollment date cannot exceed 102 days from the date other coverage ended. BCBS will not enroll/process enrollments beyond 102 days.</p>
<b>Cost</b>	<p>Cost will be prorated based on your effective date coverage</p> <p>A credit for the month of August (1 month) will be applied to your fall student account.</p> <p>You will be charged premiums for 5 months for the fall (9/1-1/31) term.</p>	<p>The cost will be prorated on your student account as of September 1</p> <p>A credit for the month of August (1 month) will be applied to your fall student account.</p> <p>You will be charged premiums for 5 months for the fall (9/1-1/31) term.</p> <p>You will also be charged a \$300 late fee, for submitting rescind beyond 60 days since October 30 was the deadline to submit without late fees.</p>	<p>Coverage is <u>not</u> prorated and can only go back 102 days. The 102 day period must still fall within the coverage semester for this criteria to take effect.</p> <ol style="list-style-type: none"> <li>You will be charged the full cost (premium for 6 months) for the fall term.</li> <li>You will also be charged \$450 late fee, for submitting rescind beyond 60 days since October 30 was the deadline to submit without late fees.</li> </ol>

### Next Steps

- Please allow 7-10 days business days for your rescind to be processed and coverage to be activated.
- Once your rescind is processed you will receive an email confirmation with instructions about obtaining your medical Blue Cross Blue Shield (BCBS) HVA policy number.
- After your rescind is processed you can enroll dependents for coverage within 45 days of a life changing event.  
<https://hushp.harvard.edu/student-dependents>
- Familiarize yourself with the benefits for the Student Health Insurance Plan/ Blue Cross Blue Shield PPO visit our website at  
<https://hushp.harvard.edu/student-health-insurance-plan>



**Student Health Insurance Plan Waiver Rescind  
Application Academic Year 2023-2024**

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

Last Name:	First:
HUID:	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:**

I experienced a loss of alternative coverage no more than 60 days ago

I will be enrolled retroactively on the first day after my other coverage ends

I must provide documentation with this application to re-enroll; the documentation is needed to determine my effective date

- The cost of the Student Health Insurance Plan will be prorated to the first day of my effective date
- Charges will be applied to my student account

I experienced a loss of alternative coverage 61-102 days ago or more than 102 days ago

- I will be enrolled retroactively on the first day after my other coverage ends if my coverage terminated less than 102 days ago.

I must provide documentation with this application to re-enroll; the documentation is needed to determine my effective date

- The cost of the Student Health Insurance Plan will be prorated to the first day of my effective date if my coverage terminated less than 102 days ago. **Note, if my coverage terminated over 102 days,** I will be enrolled retroactive to 102 days from the date HUSHP receives my rescind/document. I will be charged the full cost (premium for 6 months).
- I will be assessed and charged a **penalty fee of \$150 for each calendar month** the rescind request is later.
- Charges and late fees will be applied to my student account

By the waiver deadline (July 31 for fall or January 31 for spring) and without a loss of other coverage

- 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
- The cost of the Student Health Insurance Plan is not prorated
- I will be charged a \$50 processing fee

**Request to Rescind Student Health Fee Waiver Please select ONE**  
*Qualifying Events: Loss of coverage, birth of a child, legal adoption/guardianship, marriage, entry into to the United States*

I wish to rescind my Student Health Fee waiver because I meet one of the qualifying event criteria above

- I will be enrolled retroactively on the first day following my **qualifying event** above
- I must provide documentation to re-enroll for the health fee, this is needed to determine my effective date
- The cost of the Student Health Fee will be prorated to the first day of my effective date
- Charges will be applied to my student account

I wish to rescind by the waiver deadline (July 31 for fall or January 31 for spring) and without a qualifying criteria

- I will be enrolled as of August 1 (fall term) or February 1 (spring term)
- I will be charged the full cost of the fee for the entire term
- I will be charged a \$25 processing fee

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 \_\_\_\_\_

**Be sure proof of your loss of coverage is submitted with this application if applicable.**