



Policy Title: Leave of Absence/Withdrawn Policy
 Issuer: Harvard University Student Health Program (HUSHP)
 Effective Date: August 1, 2012 through July 31, 2013 only
 Revised Date: n/a
 Policy #: HUSHP-1

LEAVE OF ABSENCE (LOA)/WITHDRAWAL POLICY

The application for additional coverage is at the bottom of this document. Please read this policy before completing an application for optional LOA/withdrawal coverage. By completing an application, you have acknowledged that you have read the policy conditions below.

Students expecting to take a leave of absence or to withdraw from the University should contact the Harvard University Student Health Program (HUSHP) Member Services department at mservices@huhs.harvard.edu or 617-495-2008 as early as possible, so that information regarding insurance options can be reviewed with the student in a timely manner.

POLICY STATEMENT

1. When a student takes a leave of absence or withdraws from Harvard, the last date of attendance as recorded by the registrar’s office will determine when the student’s Student Health Fee and/or Student Health Insurance Plan coverage will end.

If the student’s official last date of attendance is between the following dates*	The student will have coverage from	If applicable, the Student Health Fee charge that will remain on the term bill	If applicable, the Student Health Insurance Plan charge that will remain on the term bill
Fall Term 2012			
August 1–31	August 1–31	\$77.50	\$180.67
September 1–30	August 1 – September 30	\$155.00	\$361.33
October 1–31	August 1 – October 31	\$232.50	\$542.00
November 1–30	August 1 – November 30	\$310.00	\$722.67
December 1 – January 31	August 1 – January 31	\$465.00	\$1,084.00
Spring Term 2013			
February 1–28	February 1–28	\$77.50	\$180.67
March 1–31	February 1 – March 31	\$155.00	\$361.33
April 1–30	February 1 – April 30	\$232.50	\$542.00
May 1 – July 31	February 1 – July 31	\$465.00	\$1,084.00

**Based on the student’s official last date of attendance at the University*

2. If the student wishes to continue coverage, he/she is eligible to purchase four months of additional coverage, effective from the first day without coverage. To initiate enrollment, he/she must submit an enrollment application to HUSHP Member Services within 30 days from the date of loss of coverage, or in the case of student going on leave before a new term starts, by September 15 or March 15. Payment is by check only.
3. Students can only purchase the coverage they were currently enrolled in at the time of leave (i.e., Student Health Fee only or both the Student Health Fee and the Student Health Insurance Plan).
4. Students are eligible to enroll dependents under the continuation of coverage option only if those dependents were enrolled at the time of leave.
5. All services incurred after the HUSHP termination date will be the responsibility of the student.
6. In very limited cases, appeals for additional coverage past the four months may be granted. The appeals application can be found on the [HUSHP website](#).
7. This policy does not apply to Extension School students or post-doctoral affiliates.

Example: If a student takes a leave of absence in the fall and the student’s official last date of attendance is November 15, his/her “registered” student coverage would end on November 30. If the student was enrolled in both the Student Health Fee and the Student Health Insurance Plan, he/she would be refunded \$516.33; the charges of \$310 (Student Health Fee) and \$722.67 (Student Health Insurance Plan) would remain on his/her term bill.

WHO THIS POLICY IMPACTS

Students who have taken a leave of absence or who have withdrawn from Harvard.

CONTACT INFORMATION

HUSHP Member Services
75 Mount Auburn Street, First Floor
Cambridge, MA 02138
617-495-2008
mservices@huhs.harvard.edu

**Harvard University Student Health Program (HUSHP)
Enrollment Application for Students on Leave or Withdrawn
2012-2013 Academic Year**

Student Information	
Name:	
HUID:	Telephone:
School:	Email:

*This application is for **four months** of coverage.* It must be received within 30 days of the day the student loses coverage, or in the case of students going on leave before a new term starts, by September 15 or March 15.*

**The student's current coverage will end on the last day of the month of their last date of attendance at the University, and their leave of absence coverage will begin the following month. For example, if the student's last date of attendance is September 15, their last date of "registered" student coverage would be September 30, and the leave insurance will officially begin on October 1, and end on January 31.*

SELECT A TYPE OF COVERAGE

Student Health Fee Only

Available to students who previously waived the Student Health Insurance Plan

Student \$310.00

Student Health Fee and Student Health Insurance Plan

Dependents must have been previously enrolled

<input type="checkbox"/> Student only	\$1,032.67	<input type="checkbox"/> Student + children	\$2,326.67
<input type="checkbox"/> Student + Spouse/SS Domestic Partner	\$2,673.33	<input type="checkbox"/> Student + Spouse/SS Domestic Partner + 1 child	\$3,534.67
<input type="checkbox"/> Student + 1 child	\$1,894.00	<input type="checkbox"/> Student + Spouse/SS Domestic Partner + children	\$3,967.33

Dependent Information (if applicable)			
Last Name	First Name	Date of Birth	Relationship
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Same Sex Partner
			<input type="checkbox"/> Daughter <input type="checkbox"/> Son
			<input type="checkbox"/> Daughter <input type="checkbox"/> Son
			<input type="checkbox"/> Daughter <input type="checkbox"/> Son
			<input type="checkbox"/> Daughter <input type="checkbox"/> Son

I have read and understand the [HUSHP Benefits](#) and [Leave of Absence/Withdrawn Policy](#) (both available at hushp.harvard.edu)

I have read and understand the [Planning for Leave of Absence](#) resource page, and understand that it is my responsibility to plan ahead for continuous coverage once this coverage terminates.

All check must be made payable to Harvard University.

Signature _____ Date _____

OFFICE USE ONLY

Coverage Start Date _____ Coverage End Date _____

Accepted By _____ Last Date of Attendance _____ Processed By _____