Graduating and Cancelling Health Insurance Form

Student Health Insurance Policy for Graduating Students

Boston and Grafton Health Sciences students, who are graduating and enrolled in the student health insurance plan, have the option of either cancelling their health insurance on the date of graduation or continuing enrollment in the plan until the end of the paid insurance semester. Dental students cancelling their insurance may cancel on or after the date of graduation and after administrative clearance has been completed or continuing enrollment in the plan until the end of the paid insurance semester. The Fall term ends on February 28th/29th and the Spring term ends on August 31st.

The student must notify the Student Advisory & Health Administration Office of his/her intent by completing a Graduating & Cancelling Health Insurance Form. Cancellation must be requested within sixty (60) calendar days before or after the effective date of cancellation but no later than February 15th for the Fall term or August 15th for the Spring term. Students cancelling insurance coverage earlier than the end of the current insurance semester will receive a prorated credit based on the date of cancellation, if applicable.

Failure to notify the Student Advisory & Health Administration Office by submitting the required form will result in the student’s health insurance policy being cancelled at the end of the current insurance semester.

<table>
<thead>
<tr>
<th>Monthly Rates for 2015-2016:</th>
<th>Individual $329</th>
<th>Two-Person $658</th>
<th>Family $1316</th>
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Indicate the date you want your insurance cancelled. If the cancellation date is from the 1st through the 14th of the month, you will receive a credit for the month. If the cancellation is from the 15th through the end of the month, you pay for the month. Changes cannot be made once the paperwork has been submitted to the insurance company.

Name: _______________________________ ID: __________________ School: __________________

Indicate plan enrolled in: Individual Plan Two-Person Plan Family Plan

Cancel my insurance coverage on: __________________ (Must be on or after date of graduation or clearance.)

If eligible for a refund, you must: 1) update your addresses on SIS, and 2) make sure that HigherOne Refund has your up-to-date banking information.

I have read the above policy statement, and I understand that I am electing to cancel my student health insurance coverage on the date listed above.

Student’s Signature __________________________ Date __________________

Insurance Conversion Policy for Students Leaving the University

Students who leave the University are not eligible to continue membership in the student health insurance plan under the Federal Law known as COBRA, the Consolidated Omnibus Budget Reconciliation Act, as this law does not apply to student plans. Health insurance coverage in the Commonwealth of Massachusetts is available through the Commonwealth Connector. More information can be found at: www.mahealthconnector.org.

Return form to the Student Advisory & Health Administration Office by mail, fax or email to Cynthia.Linton@tufts.edu or to Jessica.McLaughlin@tufts.edu

200 Harrison Avenue, Posner Hall, Boston, MA 02111 - Phone: 617-636-2701 - Fax: 617-636-2708

http://medicine.tufts.edu/saha