



## Leave of Absence Health Insurance Form

### Leave of Absence Policy for the Student Health Insurance Plan

Boston and Grafton Health Sciences students, who have been granted a Leave of Absence and who are enrolled in the student health insurance plan will be required to continue enrollment in the plan at least until the end of the paid insurance semester or continuing enrollment in the plan for up to one (1) year from their effective date of on which the leave begins. The Fall term ends on February 28<sup>th</sup>/29<sup>th</sup> and the Spring term ends on August 31<sup>st</sup>.

The student has fifteen (15) calendar days from the effective date of their Leave of Absence to notify the Student Advisory & Health Administration Office of their intent by submitting A Leave of Absence Health Insurance Form. Students must be paid in full within the fifteen (15) day period and must adhere to payment deadlines for subsequent semesters.

Students who previously waived the student health insurance but experience a Qualifying Event while on a Leave of Absence may enroll for coverage by submitting an Enrollment Form, Qualifying Letter, and payment within thirty (30) days of their qualifying event.

### Student Information:

Name: \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_  
Leave of Absence Effective Date: \_\_\_\_\_ to \_\_\_\_\_  
Leave of Absence Mailing Address: \_\_\_\_\_  
Leave of Absence Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information:

#### While on Leave of Absence I would like to:

- \_\_\_\_\_ Continue my health insurance coverage.
- \_\_\_\_\_ Cancel my insurance coverage on this date: \_\_\_\_\_

I have read the above policy statement, and I understand that I am electing to continue or cancel my coverage in the student health insurance plan for the duration of my Leave of Absence. I understand that it is my responsibility to notify the Student Advisory & Health Administration Office if I wish to cancel the insurance at any point during my Leave. I understand that if my premium payment has not been paid by the due date my coverage will be canceled on the day following my last paid coverage date.

➤ \_\_\_\_\_  
*Student's Signature* *Date*

Return form to the Student Advisory & Health Administration Office by email to [Cynthia.Linton@tufts.edu](mailto:Cynthia.Linton@tufts.edu).