

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, have the option of either cancelling their health insurance or continuing enrollment in the plan for up to one (1) year from the effective date on which the leave begins. The student has fifteen (15) calendar days from the effective date of his/her Leave of Absence to notify the Student Advisory & Health Administration Office of his/her intent by submitting A Leave of Absence Health Insurance Form. Students electing to continue insurance coverage must be paid in full within the fifteen (15) day period and must adhere to payment deadlines for subsequent semesters. Students cancelling insurance coverage will receive a prorated credit based on the date of cancellation, if applicable.

Health insurance enrollment will be cancelled if the student fails to pay the premium or if the student does not return at the end of one year's leave of absence. Fall semester premiums are due by August 15th and spring semester premiums are due by February 15th.

Failure to notify the Student Advisory & Health Administration Office by submitting the required Leave of Absence Health Insurance Form within fifteen (15) calendar days will result in continued coverage through the end of the current insurance semester. The Fall term ends on February 28th/29th and the Spring term ends on August 31st.

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 cancelled on the day following my last paid coverage date.



Student's Signature

Date

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