

Withdrawal or Dismissal Cancellation Health Insurance Form

Withdrawal or Dismissal Policy for Student Health Insurance Plan

Boston and Grafton Health Sciences students, who are withdrawn or dismissed and who are enrolled in the student health insurance plan, have the option of either cancelling their health insurance or continuing enrollment in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 thirty (30) calendar days following their withdrawal or dismissal date. The student has fifteen (15) calendar days from his/her withdrawal or dismissal date to notify the Student Advisory & Health Administration Office of his/her intent by completing a Withdrawal or Dismissal Health Insurance Cancellation Form and by ensuring that full payment has been made. 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 and to complete payment within the fifteen (15) day period will result in the student's health insurance policy being cancelled on the date of Withdrawal or Dismissal from Tufts University.

Student Information:

Name: _____ **ID:** _____ **School:** _____

Date of Withdrawal or Dismissal: _____

Mailing Address: _____

Email: _____ **Phone:** _____

Insurance Information:

Students currently enrolled can remain on the insurance up to 30 days following their withdrawal/dismissal date. Your 30-day period ends on: _____

Please indicate the date in which you wish to cancel your insurance.

➤ **Cancel my health insurance coverage on:** _____

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

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