HARVARD UNIVERSITY
Student Health Program

Leave of Absence / Withdrawal Coverage Policy
Online Student Health Fee
Academic Year 2026–2027

This policy applies to students enrolled in the Online Student Health Fee

Contact Information
If you are considering a leave of absence (LOA) or withdrawing from Harvard, your Online Student Health Fee coverage may change.

For questions contact: **HUSHP Member Services**
Phone: 617 495 2008 | mservices@huhs.harvard.edu

Where to Send Your Application
Email your completed application to HUSHP

1. Policy Overview

This policy explains:

- What happens to your Online Student Health Fee coverage when you take a leave of absence or withdraw.
- When and how your charges and refunds are adjusted.
- How to purchase an optional six (6) month extension of coverage.
- How to cancel that extension at the three (3) month mark.

Enrollment in the 6-month extension is optional. The application is at the end of this document.

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2. When Does My Online Student Health Fee Coverage End if I take a leave or withdraw from the University?

Your Online Student Health Fee coverage will automatically end on the **last day of the calendar month** in which your school registrar records your **official last date of attendance.**

Important: If your school later **changes or updates your last date of attendance**, your **coverage end date may also change** to match the new date.

Adjustments / Credits

- If your last date of attendance is before the semester ends, you may receive credit for the remaining months of health coverage in that term. Any credits will be applied to your student account.

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3. Online Student Health Fee End Date, Charges, and Deadlines

The charts on the next page show:

- When your active Online Student Health Fee coverage ends based on your official last date of attendance recorded by your school
- If you will receive a credit

- The deadline to apply and pay for up to six (6) months of leave-of-absence Online Student Health Fee coverage.

Fall Term
Coverage Period: **Aug 1 – Jan 31**

If your last date of attendance is between	Your coverage ends	You are charged for	You will receive a credit for	Deadline to apply/pay for LOA/Withdrawal coverage
Aug 1–31	Aug 31	1 month (Aug)	5 months (Sep–Jan)	Sep 30
Sep 1–30	Sep 30	2 months (Aug–Sep)	4 months (Oct–Jan)	Oct 31
Oct 1–31	Oct 31	3 months (Aug–Oct)	3 months (Nov–Jan)	Nov 30
Nov 1–30	Nov 30	4 months (Aug–Nov)	2 months (Dec–Jan)	Dec 31
Any date in Dec–Jan	Jan 31	Full term (no refund)	No refund	Last day to apply/ for SPRING TERM pay Mar 15

Spring Term
Coverage Period: **Feb 1 – Jul 31**

If your last date of attendance is between	Your coverage ends	You are charged for	You will receive a credit for	Deadline to apply/pay for LOA/Withdrawal coverage
Feb 1–last day of Feb	Last day of Feb	1 month (Feb)	5 months (Mar–Jul)	Mar 31
Mar 1–31	Mar 31	2 months (Feb–Mar)	4 months (Apr–Jul)	Apr 30
Apr 1–30	Apr 30	3 months (Feb–Apr)	3 months (May–Jul)	May 31
Any date in May–Jul	Jul 31	Full term (no refund)	No refund	Last day to apply/for FALL TERM pay: Sep 15

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4. Optional 6-Month Extension of Online Student Health Fee Coverage
You may purchase up to six (6) months of extended Online Student Health Fee coverage (“leave of absence coverage”).

4.1. What Coverage Can I Extend?
You may extend only the same type of coverage you had at the time of your leave or withdrawal:

- Online Student Health Fee only

4.2. Dependents

- Dependents are ineligible to enroll

The 6-month extension:

- Begins the **day after** your active student coverage ends, based on the end dates in Section 3 above.

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5. Required Actions – Terms of Enrollment

To enroll in the 6-month HUSHP extension:

1. **You must apply within the enrollment period**
    - You must submit your application **and payment** within **30 days** of the date your Online Student Health Fee coverage ends.
    - If you go on leave/withdraw **before the start of a term**:
        - Fall term: apply by **September 15**.
        - Spring term: apply by **March 15**.
2. **Maximum extension / Appeals**
    - Coverage cannot be extended beyond **six (6) months**.
    - Appeals to extend beyond six (6) months will **not** be considered.

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6. Cancelling at the 3-Month Mark

If you buy the 6-month extension, you may request a partial cancellation at the three-month mark.

6.1. Deadline to Request Cancellation

- Your request must be **received by the end of the third month** of your extension.

Example

- Your extension runs **Aug 1 – Jan 31**.
- The cancellation request must be received by **Oct 31**.
- You would keep coverage **Aug 1 – Oct 31** and cancel coverage **Nov 1 – Jan 31**.

6.2. Refunds

If your cancellation request is approved:

- You will receive a refund for the remaining three (3) months.
- Refunds are issued in the same way you originally paid (student account credit, check, or credit card).

6.3. Responsibility for Costs After Termination

- **You are responsible** for all medical and prescription drug costs incurred after your plan termination date.

6.4. Re-Enrollment After Cancellation

- Once your cancellation is processed, you **cannot re-enroll** in the Online Student Health Fee until you return as a registered student.

To apply for the six (6) month extension, complete the application on the next page and email it to HUSHP for processing.

Important: If your school later **changes or updates your last date of attendance**, your **coverage end date may also change** to match the new LDA date.

HARVARD UNIVERSITY
Student Health Program

HUSHP Enrollment Application for Students on Leave or Withdrawn
Online Student Health Fee
Academic Year 2026–2027

Return completed application to:
HUSHP Member Services
Email: mservices@huhs.harvard.edu | Phone: (617) 495 2008
Important: Payment must be made online or via your student account (Term Bill).

Section 1: Student Information

HUID (first 8 digits): _____ Date of Birth (MM/DD/YYYY): ____ / ____ / _____
Last Name: _____First Name: _____
Email Address: _____ School: _____

Section 2: Eligibility and Enrollment Terms

Please read carefully:

- This application is for **six (6) months** of Online Student Health Fee coverage.
- Your application must be received **within 30 days** of losing active student coverage, **or**
  - By **September 15** for the fall term, if you go on leave/withdraw before the term starts, or
  - By **March 15** for the spring term, if you go on leave/withdraw before the term starts.
- **Payment must be submitted with this application**
- Your school's official last date of attendance determines when your 6-month coverage starts.
- You may purchase only the **same type of coverage** you had at the time of your leave or withdrawal.

Payment must be made online or via your student account (Term Bill). Confirm eligibility with HUSHP before submitting payment.

Section 3: Select Type of Coverage

Student Only Coverage
☒$243 – Student Only Online Student Health Fee

Section 4: Acknowledgement and Payment Confirmation

Please read and check each box:
☐ I have read and understand the Online Student Health Fee Benefits and the Leave of Absence / Withdrawal Policy.
☐ I understand it is my responsibility to plan ahead for continuous coverage once this extension ends.
☐ I understand I may request a partial cancellation at the three (3) month mark, and that my request must be received by the end of the third month of the extension.

Payment method (check one):

- ☐ I paid online.
- ☐ I have received permission to apply charges to my student account (Term Bill).

Section 6: Signature

By typing my name below, I confirm that:

The information I gave is true, and I understand and accept the terms of enrollment and cancellation in this application and in the Online Student Health Fee Leave of Absence / Withdrawal Policy.

Student's Signature: _____ Date (MM/DD/YYYY): ____ / ____ / _____