



Student Advisory & Health Administration Office (SAHA)

www.tufts.edu/saha phone: 617-636-2701 or 617-636-2712

Tufts Health Plan Cancellation & Refund Form for Graduating Students ~ Fall Semester 2009

Congratulations on your upcoming graduation. Your student health insurance coverage for fall semester ends on February 28, 2010. However, students may cancel their insurance coverage **after completing all degree requirements** and receive a prorated refund for the remainder of the insurance period. Many of you will begin employment that offers health insurance coverage. Before completing this form, we suggest you contact your employer to determine when your new insurance coverage is effective; it may not be on your date of hire.

If you travel or move outside *Tufts Health Plan Service Area* prior to your cancellation date, you are covered for **urgent and emergency care only**. Since this is an HMO there are no exceptions. If you move to a new residence outside *THP's Service Area* and notify *THP* of your address change, *THP* will cancel your coverage on the date they receive your letter/phone call, disregarding any notification from this office.

2009-2010 Monthly Rates: Individual \$273 Two-Person \$632 Family \$818

Indicate the date you want your health insurance coverage canceled. If the date of cancellation is from the 1st and the 14th of the month, you receive credit for the month. If the date of cancellation is from the 15th and the end of the month, you pay for the month. *Tufts Health Plan* will be notified on February 24, 2010 to cancel the coverage effective February 28, 2010 for students who do not submit this form. Changes cannot be made once the paperwork has been submitted to *Tufts Health Plan*.

Last Name _____ First _____ Middle _____

Tufts ID: 991 - _____ - _____ School: Dental Medical Nutrition Public Health Veterinary

Check one: I am enrolled in the: Individual Plan _____ Two-Person Plan _____ Family Plan _____

Cancel my *THP* coverage: ____/____/____ Signature: _____

► **Return to:** SAHA Office, 200 Harrison Avenue, Boston, MA 02111 Fax: 617-636-2708

💰 **Request your refund** from the Bursar's Office - either in person or by calling 617-636-6551.

Health Insurance Coverage after 02/28/2010

Coverage may not be continued in this group plan after 02/28/10 under the Federal COBRA Law, since it applies to employees only. Commonwealth Connector is an option, if remaining in MA. www.MAhealthconnector.org

Office Use Only:

Cancellation Date: ____/____/____

Credit to Student Account: \$ _____

Bursar Notified: ____/____/____

Tufts Health Plan Notified: ____/____/____

Data Entry: ____/____/____

SAHA Initials: _____