



Student Advisory & Health Administration Office
 200 Harrison Avenue, Boston, MA 02111
 Phone: 617-636-2701 Fax: 617-636-2708

Leave of Absence & Cancellation of *Tufts Health Plan* Coverage Form

1. Name: _____
2. Tufts ID: _____
3. School: _____ Program: _____ Class: _____
4. Mailing Address: _____
5. Phone number: _____ E-mail address: _____

Insurance Information

6. Type of Coverage: _____ Individual _____ Two-Person _____ Family
7. **Cancel my *Tufts Health Plan* insurance coverage while I am on Leave of Absence status, effective: _____/_____/_____.**
8. Student's Signature _____ Date: _____

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For Office Use Only:

- Cancellation Date: _____/_____/_____
- Credit to Student's Account: \$ _____
- Bursar Notified: _____
- Tufts Health Plan* Notified: _____
- Data Entry: _____
- SAHA Initials: _____