



## Request for Termination of Student Health Insurance Coverage

### Boston Conservatory at Berklee

#### This Request only applies to Students attending a Massachusetts College or University

**Policy:** Students who enrolled for annual coverage and who meet one of the criteria below may request a termination of coverage of the Student Health Insurance Plan for the upcoming term. The request for termination of coverage must be received by Gallagher Student Health & Special Risk no later than December 31, 2017. **No forms will be accepted after this date.**

#### Criteria:

1. Student who disenrolls from school for the spring semester; or
2. Student who is enrolled in the Student Health Insurance Plan and then becomes eligible and enrolls in a subsidized Health Insurance Plan through the Massachusetts Health Connector during the same policy year. Coverage in the subsidized Health Insurance Plan must be effective on or before the start of the spring coverage period (which may not be the same date as the beginning of the academic spring semester); or
3. Student who is enrolled in the Student Health Insurance Plan and then becomes eligible and enrolls in MassHealth (not including MassHealth Limited, the Health Safety Net or the Children's Medical Security Plan; these plans do not meet the criteria) during the same policy year. Coverage in MassHealth must be effective on or before the start of the spring coverage period (which may not be the same date as the beginning of the academic spring semester). However, coverage for students who qualify for MassHealth Premium Assistance will not be terminated from the Student Health Insurance Plan as the premium will be paid through the Premium Assistance Program. A credit of the spring semester premium will be made to the student's student account.

#### Procedure for Students:

1. Select the appropriate criteria & review the corresponding procedure:  
**\_\_\_ I am disenrolling from Boston Conservatory for the Spring Semester**  
Gallagher Student Health & Special Risk will confirm this status with your school before approving your request. You do not need to submit any documentation with this request form.  
**\_\_\_ I have enrolled in a subsidized Health Insurance Plan through the Massachusetts Health Connector**  
You must provide the acceptance letter from the Massachusetts Health Connector as proof of enrollment.  
**\_\_\_ I have enrolled in MassHealth (Massachusetts Medicaid)**  
You must provide the acceptance letter from MassHealth as proof of enrollment.
2. Complete and submit this Request for Termination of Health Insurance Coverage no later than December 31, 2017 to Gallagher Student Health & Special Risk by email ([EnrollmentTeam@gallagherstudent.com](mailto:EnrollmentTeam@gallagherstudent.com)) or fax (617-479-0860).
3. Refund of Premium
  - o Student will receive notification of approval or denial to the email address submitted on this form. If your request is approved, the applicable refund will be made to the College or University and applied to your student account.

**Please Note:** Students disenrolling from Boston Conservatory at Berklee for the Spring Semester who are currently enrolled in the Student Health Insurance Plan that is paid for by MHPA are not eligible to cancel coverage and coverage will terminate at the end of the policy year.

#### Students with Insured Dependents:

1. If your request is approved as outlined above, dependent coverage will also terminate as of December 31, 2017.
2. Refund of Premium: If dependent premium was made by check, the refund check will be sent to the address provided below. Please be aware that the return for dependent premium may take up to 3 weeks to process if premium return is made by check. If dependent premium was made via credit card, the refund will be credited to the card used.

#### Please Complete:

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Student ID # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### Statement of Understanding

I understand my request will not be processed unless this form and all supporting documentation is received by December 31, 2017. I understand by requesting this termination of coverage of the Student Health Insurance Plan my coverage will terminate as of the date listed above. I understand that refunds for student premium will be refunded to my student account. I also understand that because I have requested this termination of coverage I will not be able to re-enroll in the Student Health Insurance Plan for the 2017-2018 policy year.

Signature \_\_\_\_\_ Date \_\_\_\_\_