



HARVARD EXTENSION SCHOOL

Division of Continuing Education

Student Financial Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 410-4072 fax • studentfinance@extension.harvard.edu

2020 Student Health Plan Dependent Enrollment Form : Spring

Dependents are eligible for enrollment in the Harvard University Student Health Program (HUSHHP) when the student is participating in the HUSHHP. To enroll your Dependent(s), please complete the following information and submit full payment. Your payment may be made by e-check, check, money order, or credit card. Submit this form and full payment to Student Financial Services, Harvard University Extension School, 51 Brattle Street, Cambridge, MA 02138-3722 by *Friday, January 9, 2020*.

See the HUSHHP website at www.hushp.harvard.edu and www.extension.harvard.edu/resources-policies/completing-your-degree/health-insurance for detailed information on policies, benefits, limitations, and exclusions before submitting this form.

LEGAL NAME (must match exactly your government-issued ID)		
Last (family name)	First	Middle

DCE ID NUMBER (if known)	OR	HARVARD ID NUMBER (if known)	DATE OF BIRTH example: JUN 01 1994								
@			<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>Month (MMM)</td><td>Day (DD)</td><td colspan="2">Year (YYYY)</td> </tr> </table>					Month (MMM)	Day (DD)	Year (YYYY)	
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(see www.extension.harvard.edu/login if unsure)											

Term of coverage: Spring term (*February 1, 2020–July 31, 2020*)

Cost

Individual student coverage: \$2,453 per term																						
Family member coverage: Family members may receive coverage for an additional charge (spouse: \$3,859; child: \$2,050; second child: \$1,031).																						
If you are requesting coverage for a family member you must submit the following required certification documentation with this enrollment form:																						
<ul style="list-style-type: none"> • Spouse: valid marriage certificate or I-20 form for international students • QDP: copy of municipal registration of domestic partnership (can be obtained in Boston, Brookline, and Cambridge) • Dependent children: birth certificate, legal documentation of adoption or guardianship, or DS-2019 form for international students 																						
Dependent information																						
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Total payment: \$ _____

<input type="checkbox"/> I understand that if I drop below 12 credits, my HUSHHP coverage will be canceled on September 30, 2019 and that charges will be prorated and my covered dependent's policies will be canceled on the same date.
I certify that all of the above information is true and complete to the best of my knowledge.
Signature: _____ Date: _____
Document must be signed with a real signature. Digital signatures are not accepted.

Continued on next page.

Payment Form

DCE ID NUMBER (if known) @	OR	HARVARD ID NUMBER (if known)	DATE OF BIRTH example: JAN 01 1994
(see www.extension.harvard.edu/login if unsure)			Month (MMM) Day (DD) Year (YYYY)

LEGAL NAME (must match exactly your government-issued ID)		
Last (family name)	First	Middle

PRESENT ADDRESS			
Street			
City		State/Province	Zip/Postal code
Country (if not US)	Telephone number (including area/country code)	Cell phone number (including area/country code)	
E-mail address (Must be student's personal and unique address. Please provide only one e-mail address.)			

Enclosed is the payment for: Spring term(February 1, 2020–July 31, 2020)

Total Due (student: \$2,453; spouse: \$3,859; child: \$1,790; second child: \$1,031):

Payment type (check one):

- Personal check* or E-check
 Investment/Trust fund check*
 Third-party check*
 Bank check/Money order
 Credit card (see below)
- * Please make checks payable to Harvard University. Include your name and date of birth on your check.

Payment by Credit Card

AUTHORIZATION You must check the authorization box and enter the amount to be charged.
<input type="checkbox"/> I authorize Harvard University to charge my credit card in the amount of \$_____.

CARD NUMBER	EXPIRATION DATE example: JAN 20 19	SECURITY CODE†
	Month (MMM) Year (YYYY)	

CARD
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover

† The credit card security code is found either on the back of the card, as the last three digits printed on the signature strip, or, for American Express, as a four-digit code found on the front of the card, above and to the right of the credit card number.

CARDHOLDER'S NAME (please print)	CARDHOLDER'S SIGNATURE

CARDHOLDER'S BILLING ADDRESS		
Street		
City	State/Province	Zip/Postal code
Country (if not US)	Cardholder's telephone number (including area/country code)	

I certify that all of the above information is true and complete to the best of my knowledge.	
Signature _____	Date _____
Document must be signed with a real signature. Digital signatures are not accepted.	