



HARVARD EXTENSION SCHOOL

Division of Continuing Education

Student Financial Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 495-2921 fax • sfs@dcemail.harvard.edu

2017–18 Student Health Plan Dependent Enrollment Form: Spring

Dependents are eligible for enrollment in the Harvard University Student Health Program (HUSHP) when the student is participating in the HUSHP. To enroll your Dependent(s), please complete the following information and submit full payment. Your payment may be made by 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 *Wednesday, January 31, 2018*.

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

Term of coverage: Spring term (*February 1, 2018–July 31, 2018*)

Cost

Individual student coverage: \$2,136 per term																
Family member coverage: Family members may receive coverage for an additional charge (spouse: \$3,388; child: \$1,790; second child: \$901).																
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																
<table border="1"> <thead> <tr> <th>Last name</th> <th>First name</th> <th>Relationship</th> <th>Date of birth (example: JUN 09 1990)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter </td> <td> ___/___/___ MMM DD YYYY </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter </td> <td> ___/___/___ MMM DD YYYY </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter </td> <td> ___/___/___ MMM DD YYYY </td> </tr> </tbody> </table>	Last name	First name	Relationship	Date of birth (example: JUN 09 1990)			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter	___/___/___ MMM DD YYYY			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter	___/___/___ MMM DD YYYY			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son/daughter	___/___/___ MMM DD YYYY
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Total payment: \$ _____

<input type="checkbox"/> I understand that if I drop below 12 credits, my HUSHP coverage will be cancelled on February 28, 2018 and that charges will be prorated and my covered dependent's policies will be cancelled on the same date.
I certify that all of the above information is true and complete to the best of my knowledge.
Signature: _____ Date: _____
<small>Document must be signed with a real signature. Digital signatures are not accepted.</small>

Payment Form

DCE ID NUMBER (if known) @ <input style="width:90%;" type="text"/>	OR	HARVARD ID NUMBER (if known) <input style="width:98%;" type="text"/>	DATE OF BIRTH example: JAN 01 1994 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input style="width:90%;" type="text"/></td> <td style="width:15%;"><input style="width:90%;" type="text"/></td> <td style="width:15%;"><input style="width:90%;" type="text"/></td> <td style="width:15%;"><input style="width:90%;" type="text"/></td> <td style="width:15%;"><input style="width:90%;" type="text"/></td> <td style="width:15%;"><input style="width:90%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Month (MMM)</td> <td style="text-align: center;">Day (DD)</td> <td colspan="4" style="text-align: center;">Year (YYYY)</td> </tr> </table>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	Month (MMM)	Day (DD)	Year (YYYY)			
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Month (MMM)	Day (DD)	Year (YYYY)													

(see www.extension.harvard.edu/login if unsure)

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, 2018–July 31, 2018)

Total Due (student: \$2,136; spouse: \$3,388; child: \$1,790; second child: \$901): _____

Payment type (check one):

- Personal 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 <input style="width:98%;" type="text"/>	EXPIRATION DATE example: 11 01 2019 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input style="width:90%;" type="text"/></td> <td style="width:15%;"><input style="width:90%;" type="text"/></td> <td style="width:15%;"><input style="width:90%;" type="text"/></td> <td style="width:15%;"><input style="width:90%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Month (MMM)</td> <td colspan="3" style="text-align: center;">Year (YYYY)</td> </tr> </table>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	Month (MMM)	Year (YYYY)			SECURITY CODE† <input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>							
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.	