



## Enrollment Application for Post-Doctoral Affiliates

**Attention Administrators:** If paying for the affiliate's insurance, email this application to both Accounts Payable and HUSHP Member Services.

**Submit applications, payment, and applicable documents to:**

Harvard University Student Health Program

Email: [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu)

Phone: 617-495-2008

**For Department Administrators only:**

Harvard University Accounts Payable

Email: [ap\\_customerservice@harvard.edu](mailto:ap_customerservice@harvard.edu)

Phone: 617-495-8500

### Policy Statement:

Post-Doctoral Affiliates may purchase the Harvard University Student Health Program (HUSHP) coverage with an active Harvard appointment, so long as the affiliate is not eligible to purchase insurance through the Harvard University Benefits Office.

### Policy Details:

Affiliates must submit an application to HUSHP by August 31 (for the fall term), by February 28 (for the spring term), or within 45 days of a life changing event.

**Life Changing Events** *Application must be submitted within 45 days of the event, documentation to support event is required:*

- Start of a new appointment for new hires with the University
- Entry into the US
- Loss of alternative health insurance
- Marriage, birth of child, legal adoption or guardianship.

### Affiliate Eligibility (Post Doc Affiliate Attestation Form) required for enrollment annually

*Post-Doctoral Affiliates are eligible to enroll if they meet all the requirements:*

- Hold a current appointment
- Recently awarded a Ph.D. (e.g., within the last 3 years) or equivalent doctorate in an appropriate field
- Must not be eligible to purchase insurance through the Harvard University Human Resources Benefits Office

### Dependent (Spouse and Children) Eligibility

- Can be added during open enrollment or with a life changing event when the affiliate is also enrolled
- There is an additional cost to add dependents. Enrollment and/or renewal are not automatic.

**Required Documents for Dependents** *must be in English; certificates not needed for re-enrollment:*

- Marriage certificate
- Birth certificate (for children) or legal adoption/guardianship paperwork
- If submitting a J1 visa/passport, the name of each dependent must be listed on the document of the affiliate

### Payment

Insurance is activated only upon receipt of payment. **Administrators** paying for affiliates should review the Department Administrator page on our website for information on processing payment.

- Email affiliate enrollment application to [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu) for processing
- Submit payment (checks/credit cards: MasterCard/Visa) [online](#), unless department is processing payment

### Cancellation Policy

Application to cancel must be received prior to the start date of coverage for the term you want to cancel (8/1 fall term or 2/1 spring term) or within 5 business days of submitting the enrollment application, or within 45 days of gaining other medical coverage.

### Department Administrators Paying for Affiliates HUSHP Enrollment

- Refer to the department administrator page on the HUSHP website, [hushp.harvard.edu](http://hushp.harvard.edu), for details on processing payments and calculating taxes
- Email this application to **both HUSHP and Accounts Payable**
- Checks must be received within 30 days of submitting the application or the application will be voided
- It is the administrator's responsibility to follow up on the payment status to ensure that HUSHP Member Services receives timely payment.



## Enrollment Application for Post-Doctoral Affiliates

STEP 1: COMPLETE YOUR INFORMATION			
HUID (first 8 digits)	Affiliate's Last Name	First Name	
STEP 2: YOUR ELIGIBILITY - SELECT ONE			
<input type="checkbox"/> I am enrolling as part of Open Enrollment between July 1- August 31 (fall term); December 1- February 28 (spring term)			
<input type="checkbox"/> I am enrolling due to a life changing event (select one below) <b>contact HUSHP to confirm rates</b>			
<input type="checkbox"/> New Appointment <input type="checkbox"/> Loss of Insurance <input type="checkbox"/> Marriage/Birth of Child <input type="checkbox"/> Entry to the United States			
<i>*Proof of your event is required and must be included with this application within 45 days of the life changing event. Enrollments due to a life changing event will be prorated based on the first day of the month in which the event occurs.</i>			
STEP 3: SELECT ENROLLMENT TERM (Payment is required in full for the term that you are enrolling for)			
Full Year = 12 Months	Fall Term = 6 Months	Spring term = 6 Months	
August 1, 2022- July 31, 2023	August 1, 2022-January 31, 2023	February 1, 2023-July 31, 2023	
STEP 4: SELECT TYPE OF CONTRACT			
Coverage Type:	6 Months	12 months	
Affiliate	___ \$6,543	___ \$13,086	
Affiliate + 1	___ \$14,736	___ \$29,472	
Affiliate + 2 or more	___ \$21,286	___ \$42,572	
Dependent # 1 only <i>excludes affiliate</i>	___ \$8,193	___ \$16,386	
Dependent #2 only <i>excludes affiliate</i>	___ \$6,550	___ \$13,100	
STEP 5: ADD DEPENDENTS List all eligible dependents you want to be covered under your medical policy below			
<i>We recognize that not all members identify as Male or Female. BCBSMA is working to update their system to accept additional gender identities and we will update our application as soon as they are made available.</i>			
Dependent's Last Name (If different from Student's)	Dependent's First Name	Date of Birth (mm/dd/yy)	Gender
Married Spouse			
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Children (through age 26 only)			
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
STEP 6: Accept Terms			
<b>By signing below, I understand that:</b> <ul style="list-style-type: none"> <li>I have purchased coverage only for the selected period above. Renewals are not automatic.</li> <li>Enrollment will not be processed until full payment is received. Payment must be submitted <a href="#">online</a> or, if my department is processing my payment, is due within 30 days of submitting the application or the application will be voided.</li> <li>Enrollment applications received after the enrollment deadline are subjected to <a href="#">late fees</a>.</li> <li><a href="#">Cancellation requests</a> must be received prior to the start of a new coverage period (e.g., August 1 and February 1), or within 5 business days of submitting your enrollment application, or within 45 days of a qualifying event. This policy cannot be appealed.</li> <li>In the event of a status change (e.g., termination of appointment), the affiliate's insurance, including that of any dependents, may be cancelled retroactively.</li> <li>To enroll newborns a separate enrollment application must be completed within 45 days of the birth of the child.</li> </ul>			
If I am enrolling without a valid life-changing event and after the enrollment deadline, I understand that payment for medical services incurred more than 102 days prior to receipt of payment cannot be guaranteed.			
Signature: _____		Date: _____	

## **Step 7: Complete Attestation Form**

### **Post-Doc Affiliate Attestation for Enrollment in HUSHP**

To enroll in Harvard University Student Health Program (HUSHP) coverage, the post-doc affiliate must satisfy both criteria listed below. HUSHP requires that both the individual requesting coverage and a department administrator confirm these facts by signing this attestation form.

#### **1. Meets the definition of a postdoctoral appointment as defined by the Association of American Universities Committee on Post-Doctoral Education**

- The appointee was recently awarded (for example within the last 3 years) a Ph.D. or equivalent doctorate (e.g., Sc.D., M.D.) in an appropriate field; and
- The appointment is temporary; and
- The appointment involves substantially full-time research or scholarship; and
- The appointment is viewed as preparatory for a full-time academic and/or research career; and
- The appointment is not part of a clinical training program; and
- The appointee works under the supervision of a senior scholar or a department in a university or similar research institution (e.g., national laboratory, NIH, etc.); and
- The appointee has the freedom, and is expected, to publish the results of his or her research or scholarship during the period of the appointment.

#### **2. Meets the HUSHP Affiliate Eligibility Policy**

The postdoc must have a current Harvard appointment and not be eligible for employer-sponsored health insurance.

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***By signing below, I attest to the fact that the post-doc affiliate requesting enrollment in HUSHP meets the criteria listed above. This statement is true and accurate to the best of my knowledge.***

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Signature of post-doctoral affiliate

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Printed name of post-doctoral affiliate

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Date signed

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Signature of department administrator

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Printed name of department administrator

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Date signed

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Administrator's email