

NEW ENGLAND LAW - STUDENT HEALTH INSURANCE PLAN

2024-2025 Spring Termination Form

New England Law allows students to terminate their Student Health Plan mid-academic year, if the student is newly eligible for a Massachusetts Subsidized Health Plan or MassHealth, prior to the start of Spring Term (before 02/01/25) or if a student is newly eligible for comparable health insurance that has an original effective date of 01/01/25.

Please complete this form to terminate your Student Health Insurance as of 1/31/25.

**IMPORTANT CONSIDERATION BEFORE COMPLETING THIS FORM:** Once you complete this form and your termination is approved you will not be eligible to re-enroll in the 2024-2025 Student Health Plan. Healthcare expenses are increasingly expensive in the United States and your Student Health Plan provides you with a strong Preferred Provider Organization (PPO) Plan that provides nationwide and worldwide coverage with a low deductible and low copayments. Many of the plans offered through the private market or through the State Health Insurance Exchange include high-deductibles and high copayments. **Please compare plans before deciding to terminate your New England Law Student Health Plan.**

**STUDENT INFORMATION:**

Student ID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please mark the statement that applies to you with an "X"

\_\_\_\_ I am eligible for a Massachusetts Subsidized Health Insurance Plan or MassHealth that is effective on or before 02/01/2025. (Health Safety Net, MassHealth Limited, Children's Medical Security does not qualify).

\_\_\_\_ I am eligible for comparable health insurance that has an original effective date of 01/01/2025.

**REQUIRED INSURANCE DOCUMENTATION IF ENROLLED IN A STATE SUBSIDIZED PLAN OR MASSHEALTH:** When sending this termination form, you must include a copy of a letter from the state of Massachusetts that confirms the date you were or will be enrolled in the Massachusetts State Subsidized Health Plan or MassHealth.

**REQUIRED INSURANCE DOCUMENTATION IF ENROLLED IN COMPARABLE HEALTH INSURANCE COVERAGE:** When sending this termination form, you must include a copy of a letter from your private health insurance plan that confirms your plan's original effective date is 01/01/2025.

**DEADLINE TO RETURN THIS FORM WITH APPROPRIATE DOCUMENTATION IF REQUIRED:** January 31<sup>st</sup>, 2025

**DELIVERY INSTRUCTIONS:** Please return the form by e-mail to [ashley@univhealthplans.com](mailto:ashley@univhealthplans.com). The decision to terminate your Spring Term insurance will be made between February 1<sup>st</sup> and February 15<sup>th</sup>. Once the decision is made, you will be notified via email.

*By signing below, you are requesting that New England Law terminate your enrollment in the Student Health Plan and are authorizing your University to refund you the spring premium less the travel-assistance program fee of \$5. Your school will verify your termination request by reviewing your insurance documentation or confirming you are no longer attending the University in the Spring.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_