



# Harvard Division of Continuing Education

Student Financial Services  
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## 2025-2026 Student Health Plan Dependent Enrollment

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 e-check, check, or credit card. Submit this form and full payment to Student Financial Services, via email to [studentfinance@extension.harvard.edu](mailto:studentfinance@extension.harvard.edu), or upload via *Document Management* found in *MyDCE*, *Main Menu*, choose document type: *Extension Student Financial Accounts*. \*See below for deadlines.

See the HUSHP website at [www.hushp.harvard.edu](http://www.hushp.harvard.edu) and [www.extension.harvard.edu/resources-policies/completing-your-degree/health-insurance](http://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
@			
(see <a href="http://www.extension.harvard.edu/login">www.extension.harvard.edu/login</a> if unsure)		Day(dd)	Year (yyyy)

Term of coverage:

**Please select one:**

- ☐ Fall 2025: August 1, 2025- January 31, 2026. The completed enrollment form must be submitted by Tuesday, September 9, 2025
- ☐ Spring 2026: February 1, 2026- July 31, 2026. The completed enrollment form must be submitted by Monday, February 2, 2026

**Cost: Individual student coverage:** \$3,054 per term

**Family member coverage:** Family members may receive coverage for an additional charge (spouse: \$4,946; child: \$2,551; second child: \$1,284).

If you are requesting coverage for a family member you must submit the following required certification documentation with this enrollment form:

- 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

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

Total payment: \$ \_\_\_\_\_

- ☐ I understand that if I drop below 12 credits, my HUSHP coverage will be canceled on September 9, 2025 / February 2, 2026 respectively. The 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.