

**ELMS COLLEGE
STUDENT HEALTH INSURANCE PLAN**

2025-2026 Spring Termination Form

Please complete this form to terminate your Student Health Insurance as of 1/17/26.

IMPORTANT CONSIDERATION BEFORE COMPLETING THIS FORM: Once you complete this form and your termination is approved you will not be able to re-enroll in the 2025-2026 Student Health Plan. Healthcare expenses are getting 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 no deductible and low copayments high deductibles, high copayments and limited networks.

Please compare plans before deciding to terminate your Elms College Student Health Plan.

STUDENT INFORMATION:

Student ID _____ Last Name _____ First Name _____ MI _____ Gender _____

Date of Birth ___ / ___ / _____ Email Address _____ Phone # _____ - _____ - _____

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

_____ I am not attending Elms College for the spring semester.

_____ I am enrolled in a Subsidized Massachusetts Health Connector Plan or MassHealth that is effective on or before 01/01/2026. (Health Safety Net, MassHealth Limited or Children's Medical Security does not qualify).

_____ I am enrolled in a private health insurance plan that is effective on or before 01/17/2026. (Health Safety Net, MassHealth Limited or Children's Medical Security does not qualify).

REQUIRED DOCUMENTATION AND DEADLINE:

- If you are a registered student opting out for spring due to other coverage, submit this form along with proof of your other coverage, effective on or before 01/17/2026.
- If you are not returning to Elms College, you must submit the form but do not need to provide proof of other insurance.
- The deadline to submit your spring termination request is February 28, 2026
- Once your termination is approved, your last day of coverage is 1/17/2026. Your request will not be approved if claims were paid by the plan after 1/17/2026.

DELIVERY INSTRUCTIONS: Please return the form by e-mail to colleen@univhealthplans.com.

By signing below, you are requesting that the Elms College terminate your enrollment in the Student Health Plan and are authorizing your college to refund you the spring premium. Your termination request will be reviewed to confirm comparable insurance that meets the school's requirements or that you are not longer attending the College for the spring semester.

Student Signature: _____ **Date:** _____