



Pratt Institute Request to Terminate Student Health Insurance Coverage

Please fill out the form below completely

*If you're currently enrolled in the Pratt Institute Student Health Insurance Plan, you can request termination of coverage, provided you have active insurance coverage that meets the college's criteria. In order for your request for termination to be approved, it is a requirement to provide proof of enrollment in another health insurance plan. If your refund is approved, your insurance will be terminated on the last day of this month & a pro-rated refund will be provided to you by check. **Please email this form and copy of the front/back of your health insurance card student@haylor.com***

Today's date: _____ Student Id: _____

Student's First name: _____ Last Name: _____

Student date of birth: _____ Student Email: _____

Telephone #: _____

Please provide information regarding the health insurance plan that you are submitting to terminate the Pratt Institute Student Health Insurance Policy. Please attach a copy of your health insurance ID card. Your termination date will be the day you email this form back.

Name of Insurance Company: _____ Subscriber Id #: _____

Address of Insurance Company: _____

Customer Service Phone #: _____

Check Type of plan: HMO PPO Medicaid/Medicare Out of NYS Medicaid/Medicare

VA/Military Other Effective date of insurance coverage: _____

By submitting this form, I certify that:

1. My alternate Insurance will be effective for the entire academic year (or through the completion of my academic program).
2. My insurance plan covers inpatient and outpatient medical care and mental health within 50 miles of the Pratt Institute, including routine, urgent, and emergency care (emergency only coverage does not satisfy this requirement).
3. I have attached a copy of the front/back of my medical insurance card.
4. My insurance carrier is based in the US.

If a termination is approved, a pro-rated insurance premium refund check will be mailed back to you. Please provide a correct US mailing address below for this check mailed to:

Street: _____

City: _____ **State:** _____ **Zip:** _____

I certify that the above information is true and accurate.

Signature