Dartmouth Student Group Health Plan & Patient Accounts Office
7 Rope Ferry Road, HB# 6143, Hanover, NH 03755-1421
DSGHP Phone: 603-646-9438
Patient Accounts Phone: 603-646-9439
Fax: 603-646-8893

Dartmouth College Health Service and Dartmouth Student Group Health Plan Exit Form

Student Name: (Please Print Clearly) Dartmouth ID#: Class:

DSGHP Coverage:

Upon completing requirements for your degree, please complete this section to indicate whether or not you wish to continue your Dartmouth Student Group Health Plan (DSGHP) coverage.

( ) I am enrolled in the Dartmouth Student Group Health Plan. I wish my coverage to end on the date indicated below (please check a date, which cannot be retroactive).
If you do not select a termination date your coverage will continue through the end of the plan year, August 31, and you will be responsible for any remaining DSGHP charges for that plan year.
Dependent's DSGHP coverage is terminated on the same date that the student's coverage is terminated.

( ) Do not enroll in new program year beginning September 1, _____________.

( ) December 31, _____________ (Submit by December 15).

( ) March 31, _____________ (Submit by March 15).

( ) August 31, _____________ (End of Plan Year).

( ) I am enrolled in a joint program (dual degrees) and will continue enrollment at Dartmouth. I understand that I must continue to meet Dartmouth's insurance requirement.

I understand that by signing this form I am authorizing the DSGHP Office to terminate my coverage, and my dependents coverage, on the date indicated above. I also understand that once I submit this completed form to the DSGHP Office I, and my dependents, waive eligibility to re-enroll into the plan until the next plan year providing I remain an active Dartmouth student.

DSGHP Member's Signature: Date:

( ) I am not enrolled in the Dartmouth Student Group Health Plan.

Non DSGHP Member's Signature: Date:

Dartmouth College Health Service Eligibility:

( ) I understand that my, and my Health Service eligibile dependents, eligibility to receive services at the Dartmouth College Health Service (Dick's House) will terminate on the last day of the term that my Registrar indicates I have either completed my degree requirements, withdrawn from the College, or am taking a leave of absence (LOA) or TAMR.

Student Signature: Date:

REGISTRAR Office Use Only

( ) Completed Degree Requirements Date Effective: ____________

( ) Withdrawn From College Date Effective: ____________

( ) LOA / TAMR Date Effective: ____________

Registrar Name: (Please Print Clearly) ____________

Registrar Signature: ____________ Date:

DSGHP Office Use Only

System: Spreadsheet: Student: TPA: