2025-2026

Dartmouth Student Group Health Plan (DSGHP)
Waiver Rescindment Application

Dartmouth Student Group Health Plan
Mailing Address:
7 Rope Ferry Rd, HB# 6143
Hanover, NH 03755

E-mail: dartmouth.student.health.plan@dartmouth.edu
Website: http://www.dartgo.org/studentinsurance
Telephone: (603) 646-9438 & (603) 646-9449 Fax: (603) 646-8893

Student Name: _____ Class: _____ DID#:_____
Last First

Students who have applied for, and received, waiver approval may rescind the waiver request and have their Dartmouth Student Group Health Plan coverage reinstated. To have your approved waiver petition rescinded you must submit this completed form to the DSGHP Office within 30 days of your start date. For example: If you begin Winter term, you must submit this completed form within 30 days of the first day of classes. After the 30 days has passed approved waiver petitions can not be rescinded and you will not be able to enroll into the Dartmouth Student Group Health Plan until the next plan year, unless you meet the qualified late enrollment criteria as listed in the plan document.

I wish to rescind my approved 2025-2026 Dartmouth Student Group Health Plan waiver petition because: (check one)

_____ I would like to have the Dartmouth Student Group Health Plan as my primary coverage.

_____ I plan to participate in a Dartmouth sport or Dartmouth sponsored activity which my health plan does not include coverage for.

_____ Other (Please Explain): _____

_____

My signature below authorizes me to be enrolled into the Dartmouth Student Group Health Plan for the time frame listed below and the related coverage premium be posted to my student tuition account.

Effective Dates: **8/1/25 to 8/31/26** (Entering Student), **9/1/25 to 8/31/26** (Returning Student)

DSGHP Premium: **$4,556.00**

Student or Parent Name (Please Print Clearly):_____

Signature:_____ Date:_____