

Boston College
2009-2010 Student Health Insurance Plan Waiver Form

The Commonwealth of Massachusetts and Boston College require that students enrolled at least 75% of full-time and all students enrolled in a degree program, regardless of the number of credit hours, must participate in Student Blue, BC's Student Health Insurance Plan, unless proof of comparable insurance is indicated below and submitted by the deadline. **A waiver must be submitted at the beginning of each academic year.**

Note: Students over 18 do not need to submit a written waiver but must waive Student Blue electronically on their Agora portal accounts (portal.bc.edu).

The deadline to waive Student Blue for the first semester is September 18, 2009 and January 29, 2010 for students enrolled for second semester.

Student Information

Student Name _____

Boston College Eagle ID No. _____ Date of Birth _____

School _____ Graduation Year _____

Insurance Information

Insurance Company Name _____

Policy Number _____

Name of Policy Holder _____

Relationship to Student _____

Please read and sign. The waiver is not valid without a signature.

By signing this waiver I acknowledge that:

1. I am currently covered by the above-mentioned insurance policy and will maintain coverage for the full 2009-2010 academic year.
2. I have compared this policy to the Student Blue, Student Health Insurance Plan.
3. I acknowledge that my current policy provides reasonably comprehensive coverage of health services, including primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, and mental health services, and that these services are reasonably accessible to me in the area where I am attending school.
4. I acknowledge that my current policy provides coverage for lab work, diagnostic x-rays, physical therapy, chiropractic care, and prescription coverage in the area where I attend school.
5. I certify that that I have determined that my plan, listed above, provides benefits that are at least comparable to Boston College's Student Blue, Student Health Insurance Plan.
6. I understand that a health insurance plan that provides coverage through a closed network of providers, not reasonably accessible to me in the area where I attend school, for all but emergency services does **not** qualify for a waiver.
7. I understand that payment from the Uncompensated Care Pool ("Free Care," e.g., Mass Health or other state programs) does **not** qualify for a waiver.
8. I understand that out-of-state Medicaid programs do **not** qualify for a waiver.
9. I attest that no claims have been submitted for payment under the Boston College student medical insurance plan for the 2009-2010 policy year.

10. I further acknowledge that by submitting this signed waiver form that I/we assume full responsibility for any medical expenses incurred until August 7, 2010 and that neither Boston College nor the Insurance Company will be held responsible for any expenses I incur.

Attention: International Students:

I certify that the health insurance company that I have listed above is owned, operated, and based in the United States. I understand that insurance carriers outside the U.S. and coverage by foreign national health service programs are **not** acceptable for waiver purposes. I further acknowledge that by submitting this signed waiver form that I/we assume full responsibility for any medical expenses incurred until August 7, 2010 and that neither Boston College nor the Insurance Company will be held responsible for any expenses I incur.

Attention: Students Studying Outside the United States:

I certify that the health insurance plan listed above provides reasonable and comprehensive coverage in the location where I am studying. I further certify that if I visit the United States during the 2009-2010 academic year, I will purchase a U.S.-based qualifying medical insurance plan (as described above) for the period of my stay in the United States.

I/we certify that the above information is true and accurate.

Student Signature

Date

Parent's Signature (required if student is under 18)

Date

Please mail this completed Waiver Form by the deadline to:

Boston College
Student Services
Lyons Hall
140 Commonwealth Avenue
Chestnut Hill, MA 02467

Failure to do so will result in your student account being charged the premium for the student health insurance plan, Student Blue.