

Boston College
2009-2010 Student Health Insurance Plan
Rescind Previously Submitted Waiver

This form is to cancel a previously submitted medical insurance waiver. By submitting this form, I request Boston College to charge my student account for the BCBS Student Blue Plan administered by Gallagher Koster. \$766 will be charged to my account if I elect to enroll for the fall semester. \$975 will be charged to my account if I elect to enroll for the spring semester.

Term Requested:

Fall semester coverage _____
(August 7, 2009 – January 10, 2010)

Spring semester coverage _____
(January 11, 2010 – August 6, 2010)

Student Information:

Student Name (please print) _____

Boston College Eagle ID # _____ Date of Birth _____

Student Signature _____ Date _____

This request must be submitted by September 18, 2009 to enroll in fall semester coverage.

This request must be submitted by January 29, 2010 to enroll in spring semester coverage.