

Boston College
Student Insurance Petition to Add Form

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED.

Please print clearly to ensure accurate processing.

Date _____

Student's Name _____ ID Number _____

Address _____
(notification will be sent to this address)

Date of Birth _____ Telephone # _____ Email _____

Please detail your extenuating circumstances explaining the reason you wish to enroll yourself and / or your dependent(s). You may only enroll your spouse or unmarried child(ren) under the age of 19 who reside with you.

If you are completing this petition as a result of losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from your previous carrier confirming loss of coverage and indicating the last date of coverage. In order not to have a lapse in coverage, this petition must be received within 31 days of your last day of coverage. If this form is not received within 31 days of your last day of coverage, the effective date will be the date that this form is received at Koster Insurance Agency.

I understand that this Petition is subject to the approval of Koster Insurance Agency and subject to the payment of any applicable premium.

Student's Signature

Date

Please complete and return it to:

Boston College Student Services, Lyons Hall, 140 Commonwealth Avenue, Chestnut Hill, MA 02467 or fax to 617-552-4889

To be completed by Boston College Student Services

Approved _____ Denied _____ Effective Date _____