

# Student Insurance Petition to Waive After Published Deadline

Student's Name \_\_\_\_\_ Eagle ID Number \_\_\_\_\_  
Last name / First name

**Do not leave blanks. Incomplete waivers will not be approved.**

Email this completed form with a copy of your insurance card to Student Services at [studentservices@bc.edu](mailto:studentservices@bc.edu)

1. Attach a copy or photo of your current medical insurance card.
2. Indicate your insurance information:

**Name of Insurance Carrier:** \_\_\_\_\_

**Member ID #:** \_\_\_\_\_ **Name of Policy holder:** \_\_\_\_\_

**Policy holder is (circle one):**    Self    Parent    Spouse/partner    Other: \_\_\_\_\_

3. Provide a detailed explanation of the extenuating circumstances that caused you to miss the deadline:

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**By submitting this petition, I certify that:**

1. I am currently covered and will continue to be covered throughout the 2022-2023 academic year by the insurance carrier listed above.
2. I have compared my current coverage with the school-sponsored plan and have determined them to be comparable.
3. I understand that if this petition is approved, I will be responsible for any and all medical expenses and that neither the school nor the student insurance plan will be responsible for any medical expenses.
4. I understand that if this petition is approved, I cannot enroll in the school's student insurance plan until the next policy year unless I experience a qualifying event and consequently submit a Petition to Add form.
5. No claims have been submitted under the student plan on my behalf. I understand that if the insurance company notifies the school that a claim(s) has been submitted, the waiver will be cancelled and I will be charged the insurance premium.
6. I certify that the above information is true and accurate.

I have attached a copy of my insurance card.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (only required if student is under age 18): \_\_\_\_\_

To be completed by Boston College

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_