

Student Insurance Appeal 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

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:

By submitting this petition, I certify that:

1. I am currently covered and will continue to be covered throughout the 2023-2024 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 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.

____ (initial here) *I have attached a copy of my insurance card. Appeals cannot be reviewed without one.*

Student Signature: _____ Date: _____

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

To be completed by Boston College

Approved _____ **Denied** _____ **Date** _____