



## 2018-2019 International Student Request for Student Health Insurance Plan Waiver Exemption

**Form Submission Deadline:** The deadline for the Fall Semester is **September 21, 2018**. For students newly enrolled at the College beginning with the Spring Semester, the deadline is **January 25, 2019**.

**Insurance Requirement:** All international students attending Boston College are required to enroll in the Student Health Insurance Plan sponsored by the College. The Student Health Insurance Plan is underwritten by Blue Cross Blue Shield of Massachusetts and is fully compliant with the provisions of the U.S. Department of Health & Human Services and Patient Protection Affordable Care Act (PPACA) and also exceeds J-1 Visa requirements, which include services for medical evacuation and repatriation of remains.

Students whose plans are fully compliant with PPACA and whose coverage includes medical evacuation and repatriation of remains services and who meet the following criteria can complete and submit this form to Gallagher Student Health for their review and determination of the Waiver Exemption request. *(If your policy does not provide coverage for medical evacuation and repatriation of remains services, you have the option to purchase a supplemental policy in order to satisfy this requirement and it is usually at a reasonable cost.)*

**Waiver Exemption Criteria:** International students must be enrolled 1) in their own health insurance plan or as a dependent on a parent/guardian/spouse's health insurance plan that is filed in the U.S. and offered through a U.S.-based employer 2) through a government sponsored program (for example, Government of Kuwait/UAE or Government of Saudi Arabia) or 3) in MassHealth or a plan purchased through the MA Health Connector (except Health Safety Net, Children's Medical Security or MassHealth Limited). ***Please Note: International insurance plans, socialized/standard medical policies (including Canadian policies), travel insurance plans, short-term medical plans, or plans not fully compliant with the Affordable Care Act are not acceptable and will not be considered.***

**Waiver Exemption Process:** 1) Submit this form and a copy of your current health insurance ID card or a written Verification of Coverage from the insurance company by the stated deadlines. 2) Gallagher Student Health will review your request and respond within ten (10) business days. You will be notified by email to the address provided. 3) If your Waiver Exemption request is approved, Student Financial Services will be advised of the approval and will remove the Student Health Insurance Plan premium from your tuition statement. If denied, you will remain enrolled in the plan offered by Boston College and you will be responsible for paying the insurance premium.

**By submitting this form, I acknowledge my current insurance meets one of the waiver exemption criteria listed above. In addition, I certify that:**

1. I am insured by a health insurance plan that is fully-compliant with the Patient Protection Affordable Care Act (ACA).
2. I am insured in a health insurance plan that will be continuously in effect for the full policy year, August 7, 2018 – August 6, 2019. Spring Semester coverage is 1/11/2019 – 8/6/2019. *Note: Coverage beginning after August 7 (for Fall) and January 11 (for Spring) is not acceptable and these waivers will be denied.*
3. My current policy provides unlimited coverage, without an annual or lifetime maximum benefit.
4. My current policy provides comprehensive coverage for health services, including primary care (doctors), specialists, other health care providers, emergency services, surgical services, maternity care, inpatient and outpatient hospitalization benefits, ambulatory patient services, inpatient and outpatient counseling and mental health services, and that these services are reasonably accessible to me in the Boston College area where I attend school.
5. My current policy provides coverage for lab work, diagnostic x-rays, physical therapy, chiropractic care, and prescription drugs in the Boston College area where I attend school.
6. My current policy does not have a pre-existing condition exclusion.
7. My current policy provides coverage for medical evacuation and repatriation of remains services.

For more information and details about the Student Health Insurance Plan, please visit [www.gallagherstudent.com/BC](http://www.gallagherstudent.com/BC).



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ALL FIELDS ARE REQUIRED – PLEASE PRINT LEGIBLY

Form with fields: Eagle ID number (8 digits), Today's Date, Student's Last/Family Name, First Name, MI, Date of Birth, Local Address, Apt. #, City, State, ZIP, BC Email Address, Telephone Number, College or School.

I am submitting a Waiver Exemption request as my current health insurance plan is fully compliant with the Affordable Care Act, I have coverage for medical evacuation and repatriation of remains services, and I meet one of the waiver exemption criteria:

- I am insured through my own policy or as a dependent under my parent/guardian/spouse's plan by a health insurance plan that is filed in the U.S. and offered through a U.S.-based employer and the health insurance plan meets all of the waiver exemption criteria listed on the first page.
My health insurance is offered by a non-U.S. government sponsor. (Examples: Government of Kuwait/UAE or Government of Saudi Arabia).
I am enrolled in MassHealth or a plan purchased through the MA Health Connector (except Health Safety Net, Children's Medical Security or MassHealth Limited).

Please attach a copy of your current health insurance ID card or written verification of coverage. Requests that are submitted without this information will not be considered.

Please allow 10 business days for processing and keep a copy of this form (and any supporting documentation) for your records. You will be notified of the decision via your BC email account.

I am granting Gallagher Student Health & Special Risk, on behalf of Boston College, permission to verify this information. I acknowledge that as the student I am completing this form and I am responsible for the information submitted on this form. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled into and billed for the Student Health Insurance Plan for that term and for future, subsequent terms.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed form and any supporting documentation to BCstudent@gallagherstudent.com, or send to Gallagher Student Health & Special Risk, 500 Victory Road, Quincy, MA 02171.