

**Boston College**  
**2018-2019 Student Health Insurance Plan Waiver Form**

The Commonwealth of Massachusetts and Boston College require that students enrolled at least 75% of full-time and all students enrolled in a degree program, regardless of the number of credit hours, must participate in Student Blue, BC's Student Health Insurance Plan, unless proof of comparable insurance is indicated below and submitted by the deadline. **A waiver must be submitted at the beginning of each academic year.**

**Note:** Students over 18 do not need to submit a written waiver but must waive Student Blue electronically through their student account (www.bc.edu/myservices).

**The deadline to waive participation in the Student Blue Plan for the fall semester is September 21, 2018.**  
**The deadline to waive participation in the Student Blue Plan for the spring semester is January 25, 2019.**

**Student Information**

Student Name \_\_\_\_\_

Boston College Eagle ID No. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

School \_\_\_\_\_

Graduation Year \_\_\_\_\_

**Insurance Information**

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Please read and sign. The waiver is not valid without a signature.**

By signing this waiver I acknowledge that:

1. I am currently covered by the above-mentioned insurance policy and will maintain coverage for the full 2018-2019 academic year.
2. I have compared this policy to the Student Blue Plan.
3. I acknowledge that my current policy provides reasonably comprehensive coverage of health services, including primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, and mental health services, and that these services are reasonably accessible to me in the area where I am attending school.
4. I acknowledge that my current policy provides coverage for lab work, diagnostic x-rays, physical therapy, chiropractic care, and prescription coverage in the area where I attend school.
5. I certify that that I have determined that my plan, listed above, provides benefits that are at least comparable to the Student Blue Plan.
6. I understand a health insurance plan that provides coverage through a closed network of providers, not reasonably accessible to me in the area where I attend school, for all but emergency services **does not** qualify for a waiver.
7. I understand the following MA Medicaid plans do not qualify as comparable coverage to waive BC's Student Health Insurance Plan: Children's Medical Security Program, MassHealth Limited and Health Safety Net.
8. I understand that any out-of-state Medicaid programs **do not** qualify for a waiver.
9. I attest that no claims have been submitted for payment under the Student Blue Plan for the 2018-2019 policy year.

10. I further acknowledge that by submitting this signed waiver form that I/we assume full responsibility for any medical expenses incurred until August 6, 2019 and that neither Boston College nor the Insurance Company will be held responsible for any expenses I incur.

**Attention: International Students:**

In order to ensure that international students are covered by a plan that provides coverage which meets or exceeds the Student Health Insurance Plan, international students are not eligible to waive BC's Student Health Insurance Plan. If you are insured through 1) your own or a parent/guardian/spouse's health insurance plan offered through a U.S. employer, 2) a government sponsored program (for example Government of Kuwait/UAE or Government of Saudi Arabia), or 3) MassHealth or a plan purchased through the MA Health Connector (except Health Safety Net, Children's Medical Security or MassHealth Limited), you might be eligible to waive coverage. The waiver form for international students can be downloaded at [www.bc.edu/ssforms](http://www.bc.edu/ssforms).

**Attention: Students Studying Outside the United States:**

I certify that the health insurance plan listed above provides reasonable and comprehensive coverage in the location where I am studying. I further certify that if I visit the United States during the 2018-2019 academic year, I will purchase a U.S.-based qualifying medical insurance plan (as described above) for the period of my stay in the United States.

I/we certify that the above information is true and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required if student is under 18)

\_\_\_\_\_  
Date

**Please mail this completed Waiver Form by the deadline to:**

Boston College  
Office of Student Services  
Lyons Hall, Room 103  
140 Commonwealth Avenue  
Chestnut Hill, MA 02467

**Failure to do so will result in your student account being charged the premium for the Student Blue Plan.**