

# Student Insurance Petition to Waive After Published Deadline

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

Please print clearly to ensure accurate processing.

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Eagle ID Number \_\_\_\_\_

Last name / First name

Address \_\_\_\_\_

Street

City

State

Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_

MM / DD / YYYY

Class Level:  Undergrad /  Graduate

**THIS SECTION MUST BE COMPLETED**

Provide a detailed explanation of the extenuating circumstances that caused you to miss the deadline. A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD MUST BE ATTACHED.

---

---

---

---

---

---

---

---

Name of Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Address of Insurance Carrier \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

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

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

Signature (parent/guardian's signature required if student is under age 18)

Date

**To be completed by Boston College**

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

**Please complete and return to:** Boston College Student Services, Lyons Hall, 140 Commonwealth Avenue, Chestnut Hill, MA 02467 or fax to 617-552-4889.