

Boston College
2018-2019 Student Health Insurance Plan
Rescind Previously Submitted Waiver

This form is to cancel a previously submitted medical insurance waiver. By submitting this form, I request Boston College to charge my student account for the BCBS Student Blue Plan administered by Gallagher Student Health & Special Risk. \$1,288 will be charged to my account if I elect to enroll for the fall semester. \$1,807 will be charged to my account if I elect to enroll for the spring semester.

Term Requested:

Fall semester coverage _____
(August 7, 2018 – January 10, 2019)

Spring semester coverage _____
(January 11, 2019 – August 6, 2019)

Student Information:

Student Name (please print) _____

Boston College Eagle ID # _____

Date of Birth _____/_____/_____
MM / DD / YYYY

Student Signature _____

Date _____

This request must be submitted by **September 21, 2018** to enroll in fall semester coverage.

This request must be submitted by **January 25, 2019** to enroll in spring semester coverage.

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