



# BOSTON COLLEGE

## 2020-2021 Student Health Insurance Plan Waiver Form (for U.S. Citizens and Permanent Residents)

**This form is only for students under the age of 18**, whose waivers require a parent signature. Students over 18 should NOT submit this form but utilize the electronic waiver online at [www.bc.edu/myservices](http://www.bc.edu/myservices). (Select Medical Insurance from the Account and Personal Info section to process your waiver online.)

**To submit this form:** *As we adapt to having fewer staff members in the office due to COVID-19, this electronic process allows us to efficiently process your waivers remotely:*

Email completed form to Student Services at [studentservices@bc.edu](mailto:studentservices@bc.edu)  
Use the subject line "Under 18 Med Waiver"  
It must be emailed from the student's BC account to authenticate the sender.

**Deadlines:** Fall semester and annual waivers: **September 25, 2020**  
Spring semester: **January 29, 2021**

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

**Student Information:** Student Name \_\_\_\_\_  
BC Eagle ID No. \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

**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 2020-2021 academic year.
2. I have compared this policy to the Student Blue Plan. (The Summary of Benefits can be viewed online at [www.bc.edu/medinsurance](http://www.bc.edu/medinsurance)).
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 2020-2021 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, 2021 and that neither Boston College nor the Insurance Company will be held responsible for any expenses I incur.

**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 2020-2021 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.

**Attention: International students:**

To ensure that international students are covered by a plan that provides coverage that meets or exceeds the Student Health Insurance Plan, international students are not eligible to waive BC's Student Health Insurance Plan except in limited circumstances. The waiver form for international students can be downloaded at [www.bc.edu/medinsurance](http://www.bc.edu/medinsurance) under the Forms tab.

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

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Student Signature

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Date

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Parent or Guardian Signature (required if student is under 18)

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Date