



**BOSTON
COLLEGE**

— *Ever to Excel* —

**2020-2021 Student Health Insurance Plan
Rescind Previously Submitted Waiver Request
(for Domestic Students)**

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. I understand **\$1,370** will be charged to my account if I elect to enroll for the fall semester, and **\$1,918** will be charged to my account if I elect to enroll for the spring semester.

Term Requested:

- Fall semester coverage
(August 7, 2020 – January 14, 2021)
- Spring semester coverage
(January 15, 2021 – August 6, 2021)

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 25, 2020** to enroll in fall semester coverage.

This request must be submitted by **January 29, 2021** to enroll in spring semester coverage.

Please return this completed Request Form by the deadline to: studentservices@bc.edu