

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 (Family name) / First name

Address _____

Date of Birth _____ Telephone # _____ Email _____

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. I understand that if a claim has been submitted on my behalf, this will result in an automatic denial of my petition request
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