



BOSTON COLLEGE

2024-2025 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: Do not submit this form and instead use the online waiver at www.bc.edu/myservices. Select Medical Insurance Waiver from the Account and Personal Info section.

To submit this form: Email completed form to Student Services at studentservices@bc.edu
Use the subject line "Under 18 Med Waiver"

Deadlines: Fall semester and annual waivers: **September 20, 2024**
Spring semester: **January 24, 2025**

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 the 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 the student account being charged the premium for the student insurance 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 2024-2025 academic year.

2. I have compared this policy to the UnitedHealthcare student plan. (The Summary of Benefits can be viewed online at www.bc.edu/medinsurance.) I certify that that I have determined that my plan, listed above, provides benefits that are at least comparable to the UnitedHealthcare student plan.
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 am attending school*.
5. **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.**
6. **My plan is not an out-of-state Medicaid plan, or one of the following MA Medicaid plans:** Children’s Medical Security Program, MassHealth Limited and Health Safety Net.
7. My insurance plan is U.S.-based and is NOT a socialized (foreign National Health Service programs) plan. Massachusetts regulations do not permit waivers with these plans.
8. No claims have been submitted for payment under the UnitedHealthcare student plan for the 2024-2025 policy year.
9. I further acknowledge that by submitting this signed waiver form that I/we assume full responsibility for any medical expenses incurred until August 6, 2025 and that neither Boston College nor the insurance company will be held responsible for any expenses I incur. **I understand that if my insurance does not cover a claim(s), I cannot enroll in the BC plan later to have the claim(s) covered.**

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 2024-2025 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 plan except in limited circumstances. The waiver form for international students can be accessed at www.bc.edu/medinsurance under the Forms tab.

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

Student Signature Date

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