



**BOSTON
COLLEGE**

— *Ever to Excel* —

**2024-2025 Student Health Insurance Plan
Rescind Previously Submitted Waiver Request
(for Domestic Students Only)**

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 UnitedHealthcare Student Health Insurance Plan administered by Gallagher Student Health & Special Risk. I understand that **\$1,830.00** will be charged to my account if I elect to enroll for the fall semester, and **\$2,451.00** will be charged to my account if I elect to enroll for the spring semester.

Term Requested:

- Fall semester coverage
(August 7, 2024 – January 9, 2025)
- Spring semester coverage
(January 10, 2025 – August 6, 2025)

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 20, 2024** to enroll in fall semester coverage.

This request must be submitted by **January 24, 2025** to enroll in spring semester coverage.

Please return this completed request form by the deadline to:

studentservices@bc.edu