

Student Medical Insurance: Appeal to Waive After Deadline

The insurance waiver deadline was September 19, 2025. If you are seeking consideration for a late waiver, it is your responsibility to review this information carefully and meet all requirements. Incomplete appeals will not be considered and you will be responsible for the \$1,870 fall insurance charge.

- This form must be completed in its entirety, leaving no blanks.
- You must attach a copy of both sides of your insurance card.
- It must have your actual signature, not typed.
- Email this form with a copy of both sides of your insurance card to Student Services at studentservices@bc.edu

Student's Name _____ Eagle ID Number _____
Last name / First name

Name of Insurance Carrier: _____

Member ID #: _____ Name of Policy holder: _____

Policy holder is (circle one): Self Parent Spouse/partner Other: _____

Start date of insurance (indicate one): ____ prior to 2025
____ during 2025. Effective date (mm/dd/yy): ____/____/____

Multiple reminders regarding the insurance waiver, along with billing notices, were sent prior to the deadline. Please provide a detailed explanation of the extenuating circumstances that prevented you from submitting the waiver on time:

I certify:

1. I am currently covered and will continue to be covered throughout the 2025-2026 academic year by the insurance carrier listed above.
2. I have reviewed the waiver requirements at www.bc.edu/medinsurance on the Waivers tab and my insurance meets these requirements.
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 submit a Petition to Add form.
5. No claims have been submitted to the student plan on my behalf. If my waiver is approved, BC will remove the charge at that time as a courtesy. However, if the insurance company notifies BC that claim(s) were paid on my behalf, I understand that the waiver will be canceled and I will be recharged the insurance premium.
6. I certify that the above information is true and accurate.

____ *(initial here) I have attached a copy of both sides of my insurance card. Appeals cannot be considered without this.*

Student Signature: _____ Date: _____

Parent Signature (only required if student is under age 18): _____