



**BOSTON  
COLLEGE**  
— *Ever to Excel* —

**2025-2026 Student Health Insurance Plan  
Rescind Previously Submitted Waiver  
(for Domestic Students Only: U.S. citizens and permanent residents)**

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 **\$1,870.00** will be charged to my account if I elect to enroll for the fall semester, and **\$2,533.00** will be charged to my account if I elect to enroll for the spring semester.

**Term Requested:**

- ☐ Fall semester coverage  
(August 7, 2025 – January 8, 2026)
- ☐ Spring semester coverage  
(January 9, 2026 – August 6, 2026)

**Student Information:**

Student Name (please print) \_\_\_\_\_

Boston College Eagle ID # \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This request must be submitted by **September 19, 2025** to enroll in fall semester coverage.

This request must be submitted by **January 23, 2026** to enroll in spring semester coverage.

**Please return this completed request form by the deadline to: [studentservices@bc.edu](mailto:studentservices@bc.edu)**