

Student Insurance: Appeal to Waive After Deadline

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

Do not leave blanks. Incomplete waivers will not be approved.

Email this completed form with a copy of your insurance card to Student Services at studentservices@bc.edu

1. Attach a copy or photo of your current medical insurance card.
2. Indicate your insurance information:

Name of Insurance Carrier: _____

Member ID #: _____ **Name of Policy holder:** _____

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

3. Provide a detailed explanation of the extenuating circumstances that caused you to miss the deadline:

By submitting this petition, I certify that:

1. I am currently covered and will continue to be covered throughout the 2024-2025 academic 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 a