

**Boston University Medical Insurance Premium Adjustment Request Form
for Students Graduating in January 2010
and Visiting Students Registered for the Fall 2009 Semester Only**

The following students are eligible to request their Boston University student medical insurance 2009/2010 annual premium be prorated to cover the Fall 2009 semester only:

- 1) Boston University degree candidates graduating officially in January 2010
- 2) CELOP students registered through Boston University for the Fall 2009 semester only
- 3) BU Global students registered through Boston University for the Fall 2009 semester only
- 4) Graduate Diploma in Entrepreneurial Management Program registered through Boston University for the Fall 2009 semester only
- 5) Exchange (XRG) students registered through Boston University for the Fall 2009 semester only
- 6) Visiting students in a BU study abroad or BU internship program registered through Boston University for the Fall 2009 semester only

Students in these categories may request that the student medical insurance coverage terminate on December 31, 2009, at 11:59 p.m. Termination of the student coverage will also terminate any dependent (spouse, child, or family) coverage December 31, 2009.

If the request is approved:

Student Basic Plan participants: The Fall 2009 student medical insurance charge will be reduced from \$1,517 to \$669.

Student Plus Plan participants: The Fall 2009 student medical insurance charge will be reduced from \$2,067 to \$878.

Eligible students who wish to apply for the Fall 2009 semester coverage option must submit this form to **Student Accounting Services, 881 Commonwealth Avenue, Boston, MA 02215 no later than December 31, 2009.** Medical Insurance Premium Adjustment forms will be accepted by mail or fax. The fax number for Student Accounting Services is 617-353-3313.

The following students will not be granted a premium adjustment, or will have the premium adjustment reversed and will be held responsible for the full 2009/2010 annual premium at the plan level they elected: 1) Students registered for the Spring 2010 semester; 2) Boston University degree candidates who do not officially graduate in January 2010.

NOTE: Before completing this form, you should consider if you will have alternative medical insurance available to you after December 31, 2009. If you do not terminate coverage, you will continue to be covered by the Boston University Student Medical Insurance until 11:59 p.m., on August 22, 2010. For a detailed description of the student medical insurance visit the Aetna Student Health Web site at <http://www.aetnastudenthealth.com>

Important note to students planning to graduate in January 2010: Please be aware that if your premium adjustment request is approved based on tentative graduation status, but you do not officially graduate in January 2010, or you if you register for the Spring 2010 semester, the premium adjustment will be reversed and you will held responsible for the 2009/2010 annual premium. [Student Basic Plan participants: \$1,517; Student Plus Plan participants: \$2,067]

Important note to exchange/visiting students registered for the Fall 2009 semester: Please be aware that if your premium adjustment request is approved, but you register for the Spring 2010 semester, the premium adjustment will be reversed and you will hold responsible for the 2009/2010 annual premium. [Student Basic Plan participants: \$1,517; Student Plus Plan participants: \$2,067]

ONLY the student may request the premium adjustment. Requests from third parties cannot be accepted.

NAME: _____
ID NUMBER: _____
SCHOOL OR COLLEGE: _____
DEGREE/CERTIFICATE: _____ GRADUATION DATE (if applicable): _____
ADDRESS: _____

I wish to terminate my coverage on December 31, 2009, at 11:59 p.m. I understand that if I have enrolled my dependents in the Boston University Student Medical Insurance their coverage will terminate at the same time. I understand that if my anticipated Spring 2010 semester status changes, and I no longer qualify for the premium adjustment, the premium adjustment will be reversed and I will be responsible for the full 2009/2010 annual premium at the plan level that I elected. I have read this form and understand the terms and conditions involved in my request for the premium adjustment.

Student Signature

Date

REQUEST DEADLINE: December 31, 2009 Please return form to: *Boston University, Student Accounting Services
881 Commonwealth Avenue, Boston, Massachusetts 02215-1390*

NOTE: Dental and Professional Medical students: Due to your differing effective coverage dates and premium rates, another form is available to request your January graduation Fall only rate.