BOSTON UNIVERSITY

MEDICAL INSURANCE WAIVER
2009/2010 ACADEMIC YEAR

TO AVOID A LATE FEE ON YOUR STUDENT ACCOUNT, WE RECOMMEND YOU FILE YOUR 2009/2010 MEDICAL INSURANCE WAIVER NO LATER THAN THE REGISTRATION PAYMENT DEADLINE.

Applicable to students assessed Medical Insurance in Fall 2009
Fall 2009 Medical Insurance Waiver Deadline: September 30, 2009

Applicable to students assessed Medical Insurance in Spring 2010 only:
Spring 2010 Medical Insurance Waiver Deadline: February 1, 2010

STUDENT NAME: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
last name *first name*

BU ID NUMBER : |___|___|___| - |___|___| - |___|___|___|___| **COL**: |___|___|___|

Insurance company name: ______________________________

Insurance plan name: ______________________________

Insurance company (claims) address:

____

______________________________ **Telephone number (customer service):** ______________

Policy Number / Member id*: ______________ **Group Number (if applicable):** ______________

**(The policy or other number used to identify the student's participation in the health insurance plan listed above)*

Name of Primary Card Holder (subscriber): ______________________________

Your Relationship to Card Holder (subscriber): ☐ **self** ☐ **parent/guardian** ☐ **spouse**

Card Holder's (subscriber) address: ______________________________

NOTE: (The student may list any additional health insurance policies that cover the student on the reverse side of this firm)

READ SECTION BELOW CAREFULLY AND SIGN:

- **I certify that my health insurance plan that I have listed on this waiver form is now in force and will be maintained for the full 2009/2010 academic year.**
- **I certify that my health insurance plan which I have listed on this waiver form will provide me throughout the school year with reasonably comprehensive coverage of health services, including preventive and primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, and mental health services.**
- **I certify that these services provided by my health insurance plan are reasonably accessible to me in the area where I am attending school. I understand that a health insurance plan that covers only emergency services where I am studying is not comparable coverage and does NOT qualify for a waiver.**
- **I understand that payment from the Massachusetts Health Safety Net ("Free Care") does NOT qualify for a waiver.**
- **I understand that coverage under Commonwealth Care does NOT qualify for a waiver.**
- **I certify that I have compared my health insurance plan to the Boston University Student Medical Insurance Plan and I have determined the benefits to be at least comparable.**
- **I understand that I will be responsible for all medical insurance expenses incurred by myself/son/daughter and neither Boston University nor its student medical insurance plan will be responsible.**
- **I attest that no claims have been submitted for payment under the Boston University student medical insurance plan for the 2009//2010 policy year.**

For students studying in the United States:

- **I certify that the health insurance company that I have listed on this waiver form is a U.S. (domestic) insurance carrier. I understand that coverage through a foreign insurance carrier or through a foreign national health service program is NOT acceptable for waiver purposes.**

For students studying outside the United States (if the plan listed above is not from a domestic insurance carrier):

- **I certify that if I visit the United States during the 2009/2010 policy year, I will purchase a qualifying domestic health insurance plan for the period of my stay in the United States and I will report the details of that plan to Boston University Student Health Services, before or upon my arrival in the U.S.**
- ***All students (and parents/guardians) signing the waiver form:*** **I certify the above information is true and accurate.**

______________________________ ______________________________

Student Signature and Date Parent/Guardian Signature and Date***

**** If the student is below age 18, this form must be co-signed by the parent or guardian*

Please return this form to: Boston University Student Accounting Services, 881 Commonwealth Avenue, lower level, Boston, MA 02215, or fax the completed form to Student Accounting Services at 617-353-3313