



Certification of Coverage in Mass Health Connector Plan for January 1, 2022

(Option for students approved for a subsidized health plan through the Massachusetts Health Connector)

REQUEST DEADLINE: December 31, 2021

Students who are approved for a subsidized Health Benefit Plan through the Massachusetts Health Connector prior to January 1, 2022, or approved for MassHealth prior to January 1, 2022, may request that their Boston University Student Health Insurance Plan (SHIP) coverage terminate on December 31, 2021, at 11:59 p.m, and have the Fall 2021 health insurance charge reduced to the Fall only rate.

The following Massachusetts Health Connector programs are NOT eligible for this option: Health Safety Net, Mass Health Limited, and the Children's Medical Security Program.

NAME: _____
ID NUMBER: _____
SCHOOL OR COLLEGE: _____

I certify the following to be true and accurate: I have been approved for subsidized health insurance coverage through the Massachusetts Health Connector. I am enrolling in the health plan described in my approval notification (copy attached) from the Massachusetts Health Connector with coverage in that plan beginning no later than January 1, 2022. I request that my coverage in the Boston University Student Health Insurance Plan (SHIP) be terminated effective December 31, 2021, and the Fall 2021 premium be reduced to the Fall only rate. I understand that if I have enrolled my dependents in the Boston University Student Health Insurance Plan (SHIP) that their coverage will terminate at the same time. I understand that between January 1, 2022, and August 14, 2022, I will be responsible for all medical insurance expenses incurred by me and neither Boston University nor its Student Health Insurance Plan (SHIP) will be responsible.

Student Signature

Date

REQUEST DEADLINE: December 31, 2021

Please return form and supporting documentation by email, fax, or mail to:

*Boston University, Student Accounting Services
25 Buick Street, Suite 130, Boston, Massachusetts 02215-1390
email: insmed@bu.edu fax: 617-353-3313*

Fall 2021 only rates (coverage effective 08/15/21 – 12/31/21):

Annual Student Basic:	\$1,163	Annual Spouse	\$1,558
Annual Student Plus	\$1,558	Annual Dependent One Child	\$1,558
		Annual Dependent Two or More Children	\$3,116

NOTE: Entering SDM Post Doc, Entering SDM Pre-Doc, and Entering MED M.D. candidates: You may contact Student Accounting Services for the Fall-only rate applicable to your program of study.