



Boston University Student Health Insurance Premium Adjustment Request Form (A)
Request for Fall semester only coverage
(Option for Fall 2021 students who anticipate below ¾ time status for Spring 2022)

Students in the following categories are eligible to request their annual 2021-2022 Boston University Student Health Insurance Plan (SHIP) be prorated to cover the Fall 2021 semester only:

- 1) Students enrolled in the Fall 2021 semester who will not be registered for the Spring 2022 semester.
- 2) Domestic students enrolled in the Fall 2021 semester who will be registered for Spring 2022 semester as certified part-time with fewer than nine credit-hours (i.e., below ¾ time status)

Students in the above categories may request that their Boston University Student Health Insurance coverage terminate on December 31, 2021, at 11:59 p.m., and have their Fall 2021 Health Insurance charge reduced to the Fall-only rate. Termination of the student coverage will also terminate any covered dependent (spouse, child, or family) coverage at the same time.

Eligible students who wish to apply for the Fall 2021 semester coverage option must submit the following signed statement to **Student Accounting Services. Requests must be received by Student Accounting Services no later than December 31, 2021.** Student Health Insurance Premium Adjustment requests will be accepted by email, fax or mail.

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

I wish to terminate my coverage in the Boston University Student Health Insurance Plan (SHIP) on December 31, 2021, at 11:59 p.m.

- I understand that if I have enrolled my dependents in the Boston University Student Health Insurance 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 Health Insurance expenses incurred by me and neither Boston University nor its Student Health Insurance Plan (SHIP) will be responsible.
- I understand that if my anticipated Spring 2022 semester registration 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 2021-2022 annual premium at the Plan (SHIP) level that I elected.

 Student Signature Date

REQUEST DEADLINE: December 31, 2021

Please return form 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.