



- *Provide your alternate insurance information on this form.*
- *Your alternate insurance coverage must be based in the United States. Waivers cannot be accepted for insurance plans that are not U.S.-based.*
- *Travel insurance cannot be accepted to waive the Student Health Insurance.*
- *Please complete and return this form along with a copy of the front and back of your insurance card to: Boston University Student Accounting Services, 25 Buick Street, Suite 130, Boston, MA 02215, by email to [insmed@bu.edu](mailto:insmed@bu.edu) or by fax to 617-353-3313.*
- *If you are not eligible for a waiver of the insurance charge, an email notification will be sent to your BU email address.*

[illegible]

Employer: \_\_\_\_\_

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