



Certification of Coverage in Mass Health Connector Plan for January 1, 2024
(Option for students approved for a subsidized health plan through the
Massachusetts Health Connector)

REQUEST DEADLINE: December 31, 2023

Students approved for a subsidized Health Benefit Plan through the **Massachusetts Health Connector**, or **MassHealth*** prior to January 1, 2024, may request that their Boston University Student Health Insurance Plan (SHIP) coverage terminate on December 31, 2023, at 11:59 p.m, and have the Fall 2023 student health insurance charge reduced to the Fall only rate. The alternative approved health insurance plan must begin coverage no later than January 1, 2024. NOTE: Supporting documentation of the coverage start date must be included with this form.

**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 that will begin no later than January 1, 2024.
- I request that my coverage in the Boston University Student Health Insurance Plan (SHIP) be terminated effective December 31, 2023, and the Fall 2023 premium be reduced to the Fall only rate.
- I understand that between January 1, 2024, and August 14, 2024, 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.
- 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.

Student Signature

Date

REQUEST DEADLINE: December 31, 2023

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 2023 only rates (For eligible student changing from 08/15/23- 08/14/24 to Fall only -08/15/23-12/31/23):

| | | |
|-------------------------|--------------------------------|---------|
| Student Basic: \$1, 258 | Spouse | \$1,683 |
| Student Plus \$1, 683 | Dependent One Child | \$1,683 |
| | Dependent Two or More Children | \$3,366 |

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.