



**Boston University Student Health Insurance Premium Adjustment Request Form (A)**  
**Request for Fall semester only coverage**

Students in the following categories are eligible to request their annual 2023-2024 Boston University Student Health Insurance Plan (SHIP) be prorated to cover the Fall 2023 semester only:

- 1) Students who will not be registered for the Spring 2024 semester.
- 2) Students registered for Spring 2024 semester solely in Distant Education (Online-only) courses.
- 3) Domestic students who will be registered for Spring 2024 semester as part-time students 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, 2023, at 11:59 p.m., and have their Fall 2023 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.

*\*Note: Spring 2024 certified full-time students and international students do not qualify for category 3, but may qualify under category 2 if the Spring courses are all DistantEd (online only)*

Eligible students who wish to apply for the Fall 2023 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, 2023.** 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, 2023, 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, 2024, and August 14, 2024, 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 2024 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 2023-2024 annual premium at the Plan (SHIP) level that I elected.

\_\_\_\_\_  
 Student Signature Date

**REQUEST DEADLINE: December 31, 2023**

*Please return form to:* **Boston University, Student Accounting Services**  
**25 Buick Street, Suite 130, Boston, Massachusetts 02215-1390**  
 email: [insmed@bu.edu](mailto: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.