



New BU Degree Candidate (campus-based programs)

**Summer 2025 Student Health Insurance Plan (SHIP)
Add Request Form –for Domestic students**

PLEASE PRINT FULL NAME AND ADDRESS :

DATE:

ID NUMBER: _____

Program: _____

Contact TELEPHONE: _____

EMAIL ADDRESS: _____

DO NOT USE THIS FORM IF YOU WERE REGISTERED THROUGH BOSTON UNIVERSITY DURING FALL 2024 OR SPRING 2025*.

(Eligible students: BU Degree candidates enrolled in campus-based programs who begin their study at Boston University in Summer 2025).

As a newly accepted (domestic) degree candidate registered through Boston University for Summer 2025, I wish to enroll in the Boston University Student Health Insurance Plan (SHIP) for Summer 2025.

Please specify applicable coverage period and level of coverage you are requesting.

New BU students beginning their degree program Summer 2025 whose first course begins with the start of the Summer 1, 2025:

Enrollment Deadline: May 30, 2025.

___ \$ 829.00 Please enroll me at the Student Basic level effective May 18, 2025, through August 14, 2025

___ \$1,113.00 Please enroll me at the Student Plus level effective May 18, 2025, through August 14, 2025

New BU students beginning their degree program Summer 2025 whose first course begins with start of the Summer 2, 2025:

Enrollment Deadline: July 11, 2025.

___ \$438.00 Please enroll me at the Student Basic level effective June 29, 2025, through August 14, 2025

___ \$588.00 Please enroll me at the Student Plus level effective June 29, 2025, through August 14, 2025

SIGNATURE _____ **DATE** _____

To learn about the Boston University Student Health Insurance Plan visit Aetna Student Health's Web site at www.aetnastudenthealth.com/. Summer 2025 is part of the 2024-2025 Plan Year. (CRC = Charles River Campus)

This form should be returned to:

Boston University
Student Accounting Services
25 Buick Street, Suite 130
Boston, Massachusetts 02215
Email to: insmed@bu.edu , or Fax to: (617) 353-3313

* NOTE: (a) New students who missed their summer open enrollment deadline, or continuing students (i.e., students who were registered through Boston University either Fall 2024 or Spring 2025) may apply to enroll in the student health insurance plan, if there has been a recent life change event that directly effects the student's insurance coverage (e.g., loss of coverage). For instructions, visit <http://www.bu.edu/studentaccountingservices/resources/student-health-insurance-at-boston-university/add-insurance/> and scroll down the page to locate (near the bottom) After Open Enrollment Deadline –Enrollment Guidelines

Attention: New Degree Candidates with non-standard course dates not included in the insurance enrollment period listed above: Contact insmed@bu.edu for rates and effective dates before your program/course(s) begins, or call 617-353-2870.

IMPORTANT: Students requesting to include their eligible dependents for Summer 2025 must enroll at the Student Plus level. The premiums listed above do not include the cost to add dependents (legal spouse and/or children) to the plan.

If you wish to include dependents, you may contact Student Accounting Services at insmed@bu.edu to request a Summer dependent enrollment application to include with this Summer 2025 SHIP Add Request form or locate the Summer dependent enrollment application in the Summer 2025 section of <http://www.bu.edu/studentaccountingservices/resources/student-health-insurance-at-boston-university/add-insurance/> and include it with this Summer 2025 SHIP Add Request form