



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

Students in the following categories are eligible to request their annual 2025-2026 Boston University Student Health Insurance Plan (SHIP) be prorated to cover the Fall 2025 term only:

- 1) Students who will not be registered for the Spring 2026 term.
- 2) Students registered for the Spring 2026 term solely in Distant Education (Online-only) courses.
- 3) Domestic students who will be registered for the Spring 2026 term as part-time students with fewer than nine credit-hours (i.e., below $\frac{3}{4}$ time status)*

Students in the above categories may request that their Boston University Student Health Insurance coverage terminate on December 31, 2025, at 11:59 p.m., and have their Fall 2025 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 2026 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 2025 term 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, 2025.** Student Health Insurance Premium Adjustment requests will be accepted by email, fax or mail.

NAME: _____
ID NUMBER: _____
Program of Study: _____

I wish to terminate my coverage in the Boston University Student Health Insurance Plan (SHIP) on December 31, 2025, 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, 2026, and August 14, 2026, 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 2026 term 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 2025-2026 annual premium at the Plan (SHIP) level that I elected.

Student Signature

Date

REQUEST DEADLINE: December 31, 2025

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 2025 only rates (For eligible student changing from 08/15/25- 08/14/26 to Fall only -08/15/25-12/31/25):

Student (Student Basic):	\$1,359	Spouse (Student Basic):	\$1,359
		Dependent One Child (Student Basic):	\$1,359
		Dependent Two or More Children (Student Basic):	\$2,718

NOTE: Plus Plan students, also, Entering SDM Post Doc, Entering SDM Pre-Doc, and Entering MED M.D. candidates: You may contact Student Accounting Services to learn the applicable Fall-only rate.