BOSTON UNIVERSITY SUMMER 2026 STUDENT HEALTH INSURANCE PLAN (SHIIP)
New BU Degree Candidate (campus-based programs) & Visiting Summer Only International Students
DEPENDENT ENROLLMENT APPLICATION
In order to enroll you must complete steps 1 through 5!

fa1. Complete all Student information. Incomplete information will delay processing.

Student's Name _____
Last First M.I.

Student BU ID# _____ Date of Birth (mm/dd/yyyy): _____ Gender: Male__ Female__ Non-Binary__

(If you don't have a local address yet, you may list your home address and update your current local address with BU when you arrive. (Login to the MyBU Student Portal. Select "Address & Phone" then, select Current Address.) [Dormitory addresses are updated automatically] This form does not update student address.

Address: _____
Street Address Apt#
City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

2. List Dependents to be insured. (e.g., legal spouse, dependent children under age 26 to be insured)
Please write the Dependent Personal Data legibly

Dependents	Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Male//Female /Non-Binary
Spouse*					
Child					
Child					
Child					

** student's lawful spouse that resides with the student*

3. Select Enrollment Period
Please refer to the Premium Rates section for appropriate premium amounts and to the Periods of Coverage section for effective dates. These rates are separate from student's own BU Student Basic insurance premium.

711110-SUMMER 2026		*Summer 1: New BU students beginning their program with the start of Summer 1*	*Summer 2: New BU students beginning their program with the start of Summer 2*
*Coverage Period: ***	*Begin:*	*May 17, 2026*	*June 28, 2026*
	end:	*Aug. 14, 2026*	*Aug. 14, 2026*
1. Spouse		__ **$872.00**	__ **$465.00**
2. One Child		__ **$872.00**	__ **$465.00**
3. Two or more Children		__ **$1,744.00**	__ **$930.00**
Enrollment Deadline:		*June 2, 2026*	*July 14, 2026*

4. Premium Payment Method.
The premium will be charged to your student account. For payment methods, visit www.bu.edu/studentfinancials/payment.

5. Notice to Student (Signature required)
I have carefully read this application and elect to enroll my dependents as indicated. I permit Boston University to provide the Aetna Student Health with my enrollment status for purposes of eligibility under this plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that I and/or my dependents are not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

Signature: _____ Date: _____

**NOTE: The Summer Dependent Enrollment Applications requires special handling and should be returned directly to Boston University Student Financials with the Student's own request for Summer 2026 Student Basic coverage. The completed application must be received by Student Financials no later than the enrollment deadline for your Summer program of study as specified above. The completed application may be emailed, faxed, hand-delivered, or mailed. Students who were registered through Boston University for Fall 2025 or Spring 2026 are not eligible to use this form.

Attention: The dependent premiums are in addition to the student's own Student Basic premium.
Students registering for Fall 2026 semester: Please be aware that the dependent coverage does not carry forward automatically to the new Plan Year.

This Summer Dependent Enrollment form should be returned to: Boston University Student Financials, 25 Buick Street, Suite 130, Boston, MA 02215, via email to: insmed@bu.edu or fax to: 617-353-3313.