



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 2024-2025 Boston University Student Health Insurance Plan (SHIP) be prorated to cover the Fall 2024 semester only:

- 1) Students who will not be registered for the Spring 2025 semester.
- 2) Students registered for Spring 2025 semester solely in Distant Education (Online-only) courses.
- 3) Domestic students who will be registered for Spring 2025 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, 2024, at 11:59 p.m., and have their Fall 2024 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 2025 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 2024 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, 2024.** 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, 2024, 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, 2025, and August 14, 2025, 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 2025 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 2024-2025 annual premium at the Plan (SHIP) level that I elected.

Student Signature Date

REQUEST DEADLINE: December 31, 2024

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 2024 only rates (For eligible student changing from 08/15/24- 08/14/25to Fall only -08/15/24-12/31/24):

Student Basic: \$1,307	Spouse	\$1,751
Student Plus \$1,751	Dependent One Child	\$1,751
	Dependent Two or More Children	\$1,751

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.