

**MARINE PROGRAM**

**Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ University ID: \_\_\_\_\_  
 Program/City: \_\_\_\_\_ Home Institution: \_\_\_\_\_  
 Indicate program semester and year:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Massachusetts law and Boston University policy require that all students enrolled in Boston University international programs carry adequate medical insurance coverage. Non-BU students are required to document proof in health insurance. BU students that do not wish to pay for and carry the Boston University Student Medical Insurance, must complete the waiver portion of this form.

**Section I – Plan Selection**

Indicate if you wish to participate in the Boston University Student Medical Insurance Plan for the above academic period.

Check one

- Yes – The cost of the medical insurance plan is not included in the program fee. The medical insurance charge is applied to the Boston University student account automatically. You must sign below, in Section III.
- No – You must complete the waiver section (Section II) and the signature section (Section III). If you waive this insurance plan, the separate insurance fee will be cancelled.

**Notes**

- = Extended Insurance Coverage Requirement: Participants in programs that begin before the Boston University Student Medical Insurance Plan start date are required to complete an Extended Medical Insurance Coverage Questionnaire (see Program Specific forms). Refer to your program calendar for program dates. Boston University Student Medical Insurance Plan start dates: August 23, 2005 for Fall and Academic Year coverage January 9, 2006 for Spring coverage
- = Boston University students: You must complete this Insurance Information form to provide your insurance information for the Boston University Marine Program, even if you already accepted or waived the insurance (via the Student Link or Student Accounting Services forms). If you previously waived the Boston University Student Medical Insurance Plan for the relevant academic year but now need to purchase it for your off-campus study contact Student Accounting Services.
- = Non-Boston University Fall program participants: Visiting students whose Boston University enrollment is limited to the Fall semester and who require coverage through the Boston University Student Medical Insurance Plan only for the Fall semester may submit a Medical Insurance Premium Adjustment Form to Student Accounting Services to request cancellation of the Spring portion of the plan. Please contact Student Accounting Services directly to request a Premium Adjustment Form

Boston University Student Accounting Services:  
[www.bu.edu/comp/saweb](http://www.bu.edu/comp/saweb) or (617)353-2264.

**Section II – Waiver**

(Complete only if you answered “no” in Section 1):

Boston University Medical Insurance Waiver

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number (if applicable) \_\_\_\_\_

Name of Subscriber \_\_\_\_\_

Relationship to Student:

- self  parent/guardian
- other: \_\_\_\_\_

Subscriber’s Address: \_\_\_\_\_

**Section III – Signature**

All students (and parent, if applicable) must sign this statement.

I certify that I/my child will maintain enrollment in the above medical insurance plan from the start of the program through the end of the academic enrollment period. If this coverage is not through Boston University I certify that I have compared it with the Boston University Student Medical Insurance Plan and determined the benefits to be comparable, and I understand that neither Boston University nor its Student Medical Insurance Plan will be responsible for my/my child’s medical expenses. I acknowledge that I am legally responsible for all medical and insurance expenses incurred by myself/my child. I certify this information is true and accurate.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Required if student is under 18)