

**Student Insurance Petition to Add Student ONLY Form**

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED**

**BOSTON COLLEGE**

**Date** \_\_\_\_\_

**Please print clearly to ensure accurate processing.**

**Student's Name** \_\_\_\_\_ **Eagle ID Number** \_\_\_\_\_  
Family/Last First MI

**Address** \_\_\_\_\_ **Gender** ☐ Male ☐ Female  
Street City State Zip

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Telephone #** \_\_\_\_\_ **Email** \_\_\_\_\_  
MM / DD / YYYY

**Student Status:** ☐ International / ☐ Domestic **Class Level:** ☐ Undergrad ☐ Graduate  
☐ Law

**Name of Individual Completing Form** \_\_\_\_\_  
(if other than student)

**Relationship to Student** \_\_\_\_\_

**Students can only add coverage if there is a qualifying event. A qualifying event is defined as:**

- ✓ Reaching the age limit of an another health insurance
- ✓ Loss of health insurance through a marriage or divorce
- ✓ Involuntary loss of coverage from an another health insurance

Please detail your extenuating circumstances explaining the reason you wish to enroll yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this Petition is subject to the approval of Boston College and subject to the payment of any applicable premium. Premium is pro-rated using monthly rate. Once your petition has been processed, coverage cannot be cancelled, except for eligibility reasons.

**If you are completing this petition as a result of losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from your previous carrier confirming loss of coverage and indicating the last date of coverage.** In order not to have a lapse in coverage, this petition must be received within 60 days of your last day of coverage. If this form is not received within 60 days of your last day of coverage, the effective date will be the date that this form is received at Boston College.

\_\_\_\_\_  
**Signature of Person Completing Form** **Date**

**Please complete form and return it with a letter from your previous carrier confirming loss of coverage to:**  
Boston College Student Services, Lyons Hall, 140 Commonwealth Avenue, Chestnut Hill, MA 02467 or  
fax 617-552-4889

**To be completed by Boston College**

☐ Approved ☐ Denied Date \_\_\_\_\_ Effective Date \_\_\_\_\_ Initials \_\_\_\_\_