



**Certification of Coverage in Mass Health Connector Plan for January 1, 2016
(Option for students approved for a subsidized health plan through the
Massachusetts Health Connector)**

REQUEST DEADLINE: December 31, 2015

Students who are approved for a subsidized Health Benefit Plan through the Massachusetts Health Connector prior to January 1, 2016, or for MassHealth prior to January 1, 2016, and enroll in that plan effective January 1, or earlier, may request that their Boston University Student Medical Insurance coverage terminate on December 31, 2015, at 11:59 p.m, and have the Fall 2015 medical insurance charge reduced to the Fall only rate.

The following Massachusetts Health Connector programs are NOT eligible for this option: Health Safety Net, Mass Health Limited, and the Children’s Medical Security Program.

NAME: _____
 ID NUMBER: _____
 SCHOOL OR COLLEGE: _____

I certify the following to be true and accurate: I have been approved for subsidized health insurance coverage through the Massachusetts Health Connector. I am enrolling in the health plan described in my approval notification (copy attached) from the Massachusetts Health Connector with coverage in that plan beginning no later than January 1, 2016. I request that my coverage in the Boston University Student Medical Insurance Plan be terminated effective December 31, 2015, and the Fall 2015 premium be reduced to the Fall only rate. I understand that if I have enrolled my dependents in the Boston University Student Medical Insurance their coverage will terminate at the same time. I understand that between January 1, 2016, and August 22, 2016, I will be responsible for all medical insurance expenses incurred by me and neither Boston University nor its student medical insurance plan will be responsible. ***I have attached a copy of my notice of approval from the Massachusetts Health Connector detailing the subsidized health plan that I have elected and including my coverage start date in that plan.***

 Student Signature Date

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Please return form and supporting documentation by email, fax, or mail to:

*Boston University, Student Accounting Services
 881 Commonwealth Avenue, Boston, Massachusetts 02215-1390
 email: insmed@bu.edu fax: 617-353-3313*

Fall 2015 only rates:

Annual Student Basic:	\$701	Annual Dependent Spouse	\$ 977
Annual Student Plus	\$977	Annual Dependent One Child	\$ 977
		Annual Dependent Two or More Children	\$1,954

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.