# 2006-2007 STUDENT HEALTH INSURANCE COVERAGE SELECTION FORM
## Northwestern University

All full-time students must have a coverage selection form on file with the insurance office. The form can be mailed to 633 Emerson Street, Evanston, Illinois 60208-4000. Students who do not submit a coverage selection form will be enrolled in the Chickering Basic High Deductible Plan and charged a full year premium. There will be no appeal process for students who do not comply by the deadline date. For more information about the benefits listed below, visit www.chickering.com. Click on "Find Your School" and enter **812845** as your Policy Number. You can Fax your Coverage Selection Form to fax **to 847-491-4268.**

| **First Registration:** | **Fall** | **Winter** | **Spring** | **Summer** | **Circle One:** |
|---|---|---|---|---|---|
| **Compliance Required by** | **October 16** | **February 1** | **April 9** | **July 2** | **New or Returning Student** |
| **High Deductible:** | **$1896.00** | **$1422.00** | **$948.00** | **$474.00** | |
| **Comprehensive:** | **$2664.00** | **$1998.00** | **$1332.00** | **$666.00** | |

Student Name_____ **Student ID**_____
(Last) (First) (MI)

Date of Birth _____ Gender _____ Undergraduate Student _____ Graduate Student _____

Home Address _____ Local Address _____

_____ _____

**OPTION 1**: **ENROLLMENT IN THE BASIC/HIGH DEDUCTIBLE PLAN (Plan has $2,000.00 annual Deductible).**

☐ **YES** I wish to enroll in the Chickering Basic/High Deductible Health Insurance Plan. I understand that when my full-time registration is confirmed, my Student Account will be billed. I understand that by enrolling in the Plan, my policy will be effective through the entire academic year, unless I withdraw from the University, retroactive to the first registration date within the academic year. I understand that in future academic years, the plan will be automatically renewed provided that my registration status is full-time. If I wish to decline the plan in some future academic year, I am aware that I must complete another Coverage Selection Form to change the status before the beginning of the academic year.

Signature _____ Date _____

**OPTION 2**: **UPGRADE TO THE COMPREHENSIVE NO DEDUCTIBLE PLAN (No annual deductible).**

☐ **YES** I wish to enroll in the Chickering Comprehensive/No Deductible Health Insurance Plan. I understand that when my full-time registration is confirmed, my Student Account will be billed. I understand that by enrolling in the Plan, my policy will be effective through the entire academic year, unless I withdraw from the University, retroactive to the first registration date within the academic year. I understand that in future academic years, the plan will be automatically renewed provided that my registration status is full-time. If I wish to decline the plan in some future academic year, I am aware that I must complete another Coverage Selection Form to change the status before the beginning of the academic year.

Signature _____ Date _____

**OPTION 3**: **WAIVER**

☐ **NO** I acknowledge that Northwestern University policy requires all full-time students to have health insurance, however, I have my own health insurance and hereby reject the Chickering Plan offered through the University. I acknowledge my full responsibility for medical/ hospitalization and outpatient expenses of any kind when incurred and release and discharge Northwestern University, its employees and agents from any obligations I may incur as a result of illness or injury. I have taken the time to review my plan benefits and I attest that my benefits are equivalent to the Northwestern Student Plan.

Signature _____ Date _____

**COMPLETE THE TOP PORTION OF THIS FORM AND SELECT THE APPOPRIATE OPTION.**