

2009-10 STUDENT HEALTH COVERAGE SELECTION FORM

Northwestern University

Full Time Students must use this form only for the following:

- You enrolled in the NU Plan and wish to waive or cancel the insurance before the enrollment deadline.
- You have waived the NU plan at the beginning of the academic year and wish to enroll or cancel the NU plan
- You have undergone a life changing event such as involuntary loss of coverage, marriage, etc.

Important Information:

Orthotic and Prosthetic students are required to complete this form. You can not complete the online form
 Continuing Education, Part-time and students on a medical leave of absence will need to complete a special application in the Insurance Office located at 633 Emerson Street, Evanston IL 60208 or call 847-491-4134 or 2114

Please mail this form to **633 Emerson Street, Evanston, Illinois 60208-4000**. New Orthotic and Prosthetic Students who do not submit this form will automatically be enrolled in the NU Plan for a full year. 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.Aetnastudenthealth.com . Click on "Find Your School" and enter **812845** as your Policy Number. You can Fax your Coverage Selection Form to **847-491-4268** .

First Registration:	Fall	Winter	Spring	Summer	Circle One:
	October 1	February 9	April 9	July 4	New or Returning Student
	\$2,360.00	1,770.00	\$1,180	\$590.00	Orthotic/Prosthetic Student

Student Name _____ Student ID _____
(Last) (First) (MI)

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

Home Address _____ Local Address _____

OPTION 1: ENROLLMENT IN THE AETNA STUDENT HEALTH INSURANCE PLAN (Plan has \$250.00 annual Deductible and pays 80% up to \$1,000.00 thereafter the plan pays 100%).

YES, I wish to be covered under the NU Plan. I understand that when my full-time registration is confirmed, my Student Account will be billed. I understand, after accepting the Student Plan, my policy will be effective through the entire academic year, unless I withdraw from the University, retroactive to the first registration, within the academic year. If I wish to continue the Plan in future academic years, the plan will be renewed each year provided that my registration status is full-time. If I wish to decline the plan in some future academic years, I am aware that I must complete another [Coverage Selection Form](#) to change the status before the beginning of the academic year.

Note: If you are returning student that previously waived the NU Plan: Please enclosed your document showing proof of your qualify event: Certificate of Creditable Coverage, etc.

Signature _____ Date _____

OPTION 2: WAIVER

NO, I acknowledge Northwestern University requires that all full-time students have hospitalization coverage, however, I have my own coverage and I hereby reject the NU Plan. I acknowledge my full responsibility for medical/ hospitalization and outpatient expenses of any kind when incurred. I have taken the time to review my plan benefits and I am assured that my benefits are equivalent to the Northwestern Student Plan.

 Signature Date