

**Visiting Scholar
Application
&
Waiver Process**

New Department Contacts-

If this is your first time enrolling or waiving a Visiting Scholar please see the last page of this manual before starting the enrollment process.

You will have to add yourself as a new Department Contact.

New VSP Appointment

Click on the Application button

Welcome!

Application

Domestic Visiting Scholar

Waiver

Click on the "Is this a reappointment" dropdown. Choose No

VSP Application

Fields with a red * are required fields. Please fill out as much as you can.

Is this a reappointment? *

Click on the "Is this a reappointment" dropdown. Choose No

Visitor Information

Last Name *
First Name *
Date of Birth *
Gender *
Citizenship *
Visa Type *
Local Address
Please use the Department's address and phone if the Scholar does not have a local address yet. Contact Pam Tackett at 847-491-5610 when this information can be updated.
Local Address *
Local City *
Local State *
Local Postal Code *
Email *
Local Phone

You will then need to input all Visitor Information and Local Address information

Please note-most visitors do not have a local address or phone number when arriving at NU. Please use the department's address and phone number

Plan Coverage Request

Coverage Start Date *
Coverage End Date *
Number of Days of Coverage

Once the Coverage Start and End Date are added the number of days will populate

Payment Method

Payment Method *

There are three options for Payment Method: Pay by check-For Lurie Children's Hospital Only
Pay using CAESAR-For Visiting Scholars with NU Student Accounts
Pay with a chartstring-the usual method of payment

Department Contact

Contact *
Phone *
Email *
Address Line 1
Address Line 2
Address Line 3 or City
State *
Postal Code

All active Department Contact information will auto-populate as you type your name. Please do not use the PI's information. I need the Department Contact name and address

Appointment Information

Title *
Department Name *

The Department Name will auto-populate with the Department Contact information.
Choose the appropriate Title from the dropdown

Dependent Information

Is scholar bringing dependents? *

Choose 'yes' or 'no' in the dropdown for dependents
If you choose 'yes' a new prompt will appear (see below)

Dependent Information

Is scholar bringing dependents? *

Before dependents can be added, the record must be saved.
Click Save and Continue

VSP Form must be saved before adding new VSP Dependent records
Save and Continue

Dependent Information

Is scholar bringing dependents? *

After clicking Save and Continue, scroll back down to the Dependent Information section of the form. Click New VSP Dependent

+ New VSP Dependent

Fields with a red * are required fields. Please fill out as much as you can.

Lookup VSP Dependent

- First Name *
- VSP Form *
- First Name *
- First Name *
- First Name *
- Number *
- Relationship *
- Dependent's Coverage *
- Arrival/Departure Same as Scholar? *
- Arrival Date *
- Departure Date *

Application Tackett, Pamela

Add dependent to VSP policy.
 Dependent will have outside or non-University coverage.

Arrival/Departure Same as Scholar? No

Arrival Date
 Departure Date

If the scholar is bringing more than one dependent choose the Create Another option (in the upper righthand corner of the VSP ribbon) and a new dependent form will pop up after saving the first form.

The Dependent Coverage dropdown asks if the dependent will be added to the VSP policy or if they will have outside insurance (the outside insurance must be pre-approved by Risk Management)

If No is chosen you will need to add dependent dates before saving. If Yes is chosen you will be able to save the form without any further actions

VSP Notes

VSP Notes

Please add any additional information you would like us to know about the application in the VSP Notes box

Application Consent

By checking this box, you agree that your department is sponsoring this Visiting Scholar.

This is the new electronic signature check box. We no longer need wet signature. After checking the signature box save changes

Upload any relevant files

Save Successful

You can upload any relevant documents and files for the vsp forms you submitted in this page. Please do so below before clicking on the I'm done button.

#1 Application: Tackett, Pamela

0 files uploaded

Once the application is completed files can be uploaded to the application form this page. For example: Outside insurance policies for dependents, RVAs, ect.

After uploading documents you can choose I'm done, which will allow you to enter another application or waiver. Or you can choose click here to log out to exit the portal

I'm Done or click here to log out

VSP Reappointment

Click on the Application button

Welcome!



VSP Application

Fields with a red * are required fields. Please fill out as much as you can

Is this a reappointment? * **Yes**

Lookup Existing Application

Click on the "Is this a reappointment" dropdown.
Choose Yes.
Click on Lookup Existing Application

1. A "VSP Forms" box will pop up. Type in the last and first name of the scholar being reappointed (if last name is common; i.e. Zhang) type in the date of birth. Click Search.

A "VSP Forms" box will pop up. Type in the last and first name of the scholar being reappointed (if last name is common; i.e. Zhang) type in the date of birth. Click Search.

When the correct name pops up, click on the last name and the scholar's information will automatically populate. Except for coverage dates and dependents
See below

Visitor Information

Last Name * Deng
First Name * Yujun
Date of Birth * 02/19/1989
Gender * Female
Citizenship * China
Visa Type * J-1

Local Address

Please use the Department's address and phone if the Scholar does not have a local address yet

Local Address * 2214 Sherman Ave. APT M2
Local City * Evanston
Local State * Illinois
Local Postal Code * 60201
Email * ydeng@sjtu.edu.cn
Local Phone * 856-18221378980

Contact Pam Tackett at 847-491-5610 when this information can be updated.

You will then need to input all Visitor Information and Local Address information
Please note-most visitors do not have a local address or phone number when arriving at NU. Please use the department's address and phone number

Payment Method

There are three options for Payment Method: Pay by check-For Lurie Children's Hospital Only
Pay using CAESAR-For Visiting Scholars with NU Student Accounts
Pay with a chartstring-the usual method of payment

Plan Coverage Request

Coverage Start Date *
Coverage End Date *
Number of Days of Coverage



Once the Coverage Start and End Date are added the number of days will populate

Department Contact

Contact * Jane Ann Tokarz
Phone * 847-467-1652
Email * jane.tokarz@northwestern.edu
Address Line 1 TECH 2145 Sheridan Rd #K148
Address Line 2 EV 3113
Address Line 3 or City
State
Postal Code



The Department Contact and Appointment information will auto-populate from the previous appointment

Appointment Information

Title * Visiting Medical Student
Department Name * Chemistry

Dependent Information

Is scholar bringing dependents? *

Yes ▼

Dependent Information will have to be reentered. After choosing Yes, click Save and Continue.



VSP Form must be saved before adding new VSP Dependent records.

Save and Continue

After clicking Save and Continue, scroll back down to the Dependent Information section of the form.

New VSP Dependent Create Another Save Changes or Cancel

Fields with a red * are required fields. Please fill out as much as you can.

Lookup VSP Dependent

Form Type: Application
 VSP Form: Application Tackett, Pamela
 Last Name: [text box]
 First Name: [text box]
 Birth Date: [calendar icon]
 Gender: [dropdown]
 Relationship: [dropdown]
 Dependent Coverage: [dropdown]
 Arrival/Departure Same as Scholar?: [dropdown]

As this form is a reappointment you will be able to search for the scholar's dependent by clicking on the Look up VSP Dependent button. If there is more than one dependent choose the Create Another option (in the upper right hand corner of the VSP ribbon) and a new form will pop up after the first dependent is saved. As in the VSP application the Dependent Coverage dropdown asks if the dependent will be added to the VSP policy or if they will have outside insurance (the outside insurance must be pre-approved by Risk Management)

VSP Dependents New VSP Dependent

Last Name	First Name	Birth Date	Relationship	Arrival Date	Departure Date	Scholar Last Name	Scholar First Name	Member ID
[Empty table body]								

Filter By

Last Name [text box]
 First Name [text box]
 Birth Date [text box] to [text box]
 Relationship All
 Entry Date [text box] to [text box]
 Arrival Date [text box] to [text box]
 VSP Form [dropdown]
 Last Name [dropdown]
 VSP Form [dropdown]
 First Name [dropdown]
 VSP Form [dropdown]
 Member ID [dropdown]
 VSP Form [dropdown]
 First Year [dropdown]
 Premium [dropdown]
 Search Clear

Recently Viewed
 No records viewed recently

To look up a dependent type in Last Name and First Name or the dependent and click Search.

Fields with a red * are required fields. Please fill out as much as you can.

Lookup VSP Dependent

Form Type	Application
VSP Name	Application Abbas Ali Mohamed Irshad
Last Name	Abbas Ali Mohamed
First Name	Shimaa
Birth Date	10/06/1978
Gender	Female
Relationship	Spouse / Domestic Partner
Dependent Coverage *	Add dependent to VSP policy
Arrival/Departure Same as Scholar? *	Yes

Once dependent has been searched all information will auto-populate. You will only have to add Dependent Coverage option and Arrival/ Departure dates (if different from the scholar)

VSP Notes

VSP Notes

Please add any additional information you would like us to know about the application in the VSP Notes box

Application Consent

By checking this box, you agree that your department is sponsoring this Visiting Scholar

This is the new electronic signature check box. We no longer need wet signature. After checking the signature box save changes

Upload any relevant files

Done Successful

You can upload any relevant documents and files for the vsp forms you submitted in this page. Please do so below before clicking on the I'm done button

#1 Application: Tackett, Pamela

No files uploaded

Upload File

Once the application is completed files can be uploaded to the application form this page. For example: Outside insurance policies for dependents, RVAs, ect.

I'm Done or click here to log out

After uploading documents you can choose I'm done, which will allow you to enter another application or waiver. Or you can choose click here to log out to exit the portal

New Waivers and New Domestic Waivers

Welcome to the VSP Portal

Log Out and Exit

This portal is for new appointments or reappointments only.
Any changes of dates, dependents or corrections need to be emailed to vsp@northwestern.edu

Before submitting a waiver form for outside insurance,
the policy must be reviewed by Risk Management by emailing the summary of benefits to vsp@northwestern.edu.

VSP Application

Domestic Visiting Scholar Waiver

Waiver Request

For additional information, please contact Pam Tackett, Student Health Insurance Program Manager, at 847.491.5610 or vsp@northwestern.edu.

VSP Waiver Application

Fields with a red * are required fields. Please fill out as much as you can.

Is this a reappointment? *

Click on the "Is this a reappointment" dropdown. Choose No

Visitor Information

Last Name *

First Name *

Date of Birth *

Gender *

Citizenship *

Visa Type *

You will then need to input all Visitor Information

Waiver Options

Waiver Options *

EffectiveDates

Policy Start Date *

Policy End Date *

- A. Scholar will start on the 1st of the month and enroll in an employee health plan without a delay in coverage
- B. This is an extension. Scholar has insurance through an employee health plan and will maintain this coverage
- C. Scholar will provide outside or non-University insurance coverage until employee benefits take effect
- D. Insurance will be provided by the scholar for the entire length of stay

Please choose the appropriate Waiver Option
Option A should be chosen even when a Postdoc is starting in the middle of the previous month as we will need to confirm enrollment in HR benefits.
This box will not be an option in Domestic Waivers as they are US citizens and should have insurance

EffectiveDates

Policy Start Date *

Policy End Date *

Add appointment Start and End Dates

Department Contact

Contact *

Phone *

Email *

Address Line 1

Address Line 2

Address Line 3 or City

State *

Postal Code

All active Department Contact information will auto-populate as you type your name. Please do not use the PI's information. I need the Department Contact name and address

Appointment Information

Title *

Department Name *

Appointment Start Date *

Appointment End Date *

The Department Name will auto-populate with the Department Contact information.
Choose the appropriate Title from the dropdown

Dependent Information

One or More Covered

Yes *

Dependents *

Choose 'yes' or 'no' in the dropdown for dependents
If you choose 'yes' a new prompt will appear (see below)

Dependent Details

VSP Form must be saved before adding new VSP Dependent records

Save and Continue

Before dependents can be added, the record must be saved.
Click Save and Continue

After clicking Save and Continue, scroll back down to the Dependent Information section of the form. Click New VSP Dependent

Before dependents can be added, the record must be saved.
Click Save and Continue

Dependent Details

[New VSP Dependent](#)

Last Name	First Name	Birth Date	Relationship	Arrival Date	Departure Date	Scholar Last Name	Scholar First Name	Member ID
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New VSP Dependent

Create Another Save Changes or Cancel

Fields with a red * are required fields. Please fill out as much as you can.

Lookup VSP Dependent

Form Type: Application
VSP Form: Application Tackett, Pamela
Last Name:
First Name:
DOB Date: 
Gender: 
Relationship: 
Dependent Coverage: 
Arrival/Departure Same as Scholar? 

If the scholar is bringing more than one dependent choose the Create Another option (in the upper righthand corner of the VSP ribbon) and a new dependent form will pop up after saving the first form.

Click on Arrival/Departure Same as Scholar?

Arrival/Departure Same as Scholar? No 

Arrival Date: 
Departure Date: 

If No is chosen you will need to add dependent dates before saving. If Yes is chosen you will be able to save the form without any further actions

VSP Notes

VSP Notes:

Please add any additional information you would like us to know about the waiver in the VSP Notes box. For example-copies of insurance cards, outside insurance policies (pre-approved by Risk Management), etc.

Waiver Consent

- By checking this box, you agree that your department is sponsoring this Visiting Scholar.
- By checking this box, you agree your department is hiring this individual as a Northwestern University employee.

For Visiting Scholars with outside insurance check the top box. For Visitors employed by NU check the bottom box

Upload any relevant files

Save Successful

You can upload any relevant documents and files for the vsp forms you submitted in this page. Please do so below before clicking on the I'm done button.

#1 Application: Tackett, Pamela

No files uploaded

Upload File

Once the application is completed files can be uploaded to the application form this page. For example: Outside insurance policies for dependents, RVAs, ect.

I'm Done or click here to log out

After uploading documents you can choose I'm done, which will allow you to enter another application or waiver. Or you can choose click here to log out to exit the portal

Waivers and New Domestic Waivers-Reappointments

Welcome to the VSP Portal

Log Out and Exit

This portal is for new appointments or reappointments only. Any changes of dates, dependents or corrections need to be emailed to vsp@northwestern.edu

Before submitting a waiver form for outside insurance, the policy must be reviewed by Risk Management by emailing the summary of benefits to vsp@northwestern.edu.

VSP Application

Domestic Visiting Scholar Waiver

Waiver Request

For additional information, please contact Pam Tackett, Student Health Insurance Program Manager, at 847.491.5610 or vsp@northwestern.edu

VSP Waiver Application

Fields with a red * are required fields. Please fill out as much as you can.

Is this a reappointment? *

Click on the "Is this a reappointment" dropdown. Choose Yes

Visitor Information

Last Name *

First Name *

Date of Birth *

Gender *

Citizenship *

Visa Type *



You will then need to input all Visitor Information

Waiver Options

Waiver Options *

Effective Dates

Policy Start Date *

Policy End Date *

- A. Scholar will start on the 1st of the month and enroll in an employee health plan without a delay in coverage.
- B. This is an extension. Scholar has insurance through an employee health plan and will maintain this coverage.
- C. Scholar will provide outside or non-University insurance coverage until employee benefits take effect.
- D. Insurance will be provided by the scholar for the entire length of stay.

Dependent Information

Are all Dependent(s) Covered? *

Yes ▾

Choose 'yes' or 'no' in the dropdown for dependents. If you choose 'yes' a new prompt will appear (see below)

Dependent Details

VSP Form must be saved before adding new VSP Dependent records.

Save and Continue

VSP Dependents

New VSP Dependent

Filter By

Last Name

First Name

Birth Date

Relationship All

Entry Date

Arrival

Date

VSP Form

Last Name

VSP Form

First Name

VSP Form

Member ID

VSP Form

First Year

Premium

Search Clear

To look up a dependent type in Last Name and First Name or the dependent and click Search

Fields with a red * are required fields Please fill out as much as you can

Lookup VSP Dependent

Form Type	Application
VSP Form	Application Abbas Ali Mohamed, Irshad
Last Name	Abbas Ali Mohamed
First Name	Shimaa
Birth Date	10/06/1978
Gender	Female
Relationship	Spouse / Domestic Partner
Dependent Coverage *	Add dependent to VSP policy
Arrival/Departure Same as Scholar? *	Yes

Once dependent has been searched all information will auto-populate. You will only have to add Dependent Coverage option and Arrival/ Departure dates (if different from the scholar)

VSP Notes

VSP Notes

Please add any additional information you would like us to know about the waiver in the VSP Notes box. For example-copies of insurance cards, outside insurance policies (pre-approved by Risk Management), etc.

Waiver Consent

- By checking this box, you agree that your department is sponsoring this Visiting Scholar.
- By checking this box, you agree your department is hiring this individual as a Northwestern University employee

For Visiting Scholars with outside insurance check the top box. For Visitors employed by NU check the bottom box

Upload any relevant files

Save Successful

You can upload any relevant documents and files for the vsp forms you submitted in this page. Please do so below before clicking on the I'm done button

#1 Application: Tackett, Pamela

No files specified

Upload File

Once the application is completed files can be uploaded to the application form this page. For example: Outside insurance policies for dependents, RVAs, ect.

I'm Done [click here to log out](#)

After uploading documents you can choose I'm done, which will allow you to enter another application or waiver. Or you can choose [click here to log out](#) to exit the portal

New Department Contacts:



Department Contact

Contact *

Phone *

Email *

Address Line 1

Address Line 2

Address Line 3 or City

State

Postal Code



To add yourself as a Department Contact
click on the icon

This screen will pop up. Click the New contact button

File As	Contact Type	Company Name	Street1	Street2	Street3	City	State	Is Payee (Y)	Tax Inactive?
Abby Cosentino-Boehm	Department Contact	Health and Biomedical Informatics	RUBLOFF 750 N Lake Shore Dr 11TH FL	CH				No	
Abby Hagler	Department Contact	Radiology	737 N Michigan Ave 16th Floor	CH				No	
Alexis Puzon	Department Contact	Psychiatry & Behavioral Sciences	446 E Ontario St #7-100	CH EB05				No	
Alicia Revatee	Department Contact	OBGYN	PRENTICE 250 E Superior St Ste 03-2304, Prentice Hospital	CH			W227	No	

Click Department Contact (DEPT)

Select New Contact Type

Department Contact (DEPT)

New Contact

Name

First Name *

Last Name *

File As *

Contact Type: Department Contact

Address

Department *

Address Line 1 *

Address Line 2 *

Address Line 3 *

Contact Info

Email *

Work Phone *

Please fill in First Name, Last Name, File As (this is your first and last name), Department, Address Line 1 (Street address), Address Line 2 (EV or CH for campus), email address and work phone number. Please click Save Changes when the form is completed.

Contacts

Beth Abbott

Edit Contact More

Beth Abbott - Department Contact

Name: No

First Name: Beth Abbott

Department: Office of Research

Address: CROWN 633 Clark St 2-580 EV

Email: b.abbott@math.wisc.edu

Work Phone: 847-467-6807

This information not only allows confirmation emails to be sent to you, it also allows us to print mailing labels to send insurance cards to the department through the campus mail