

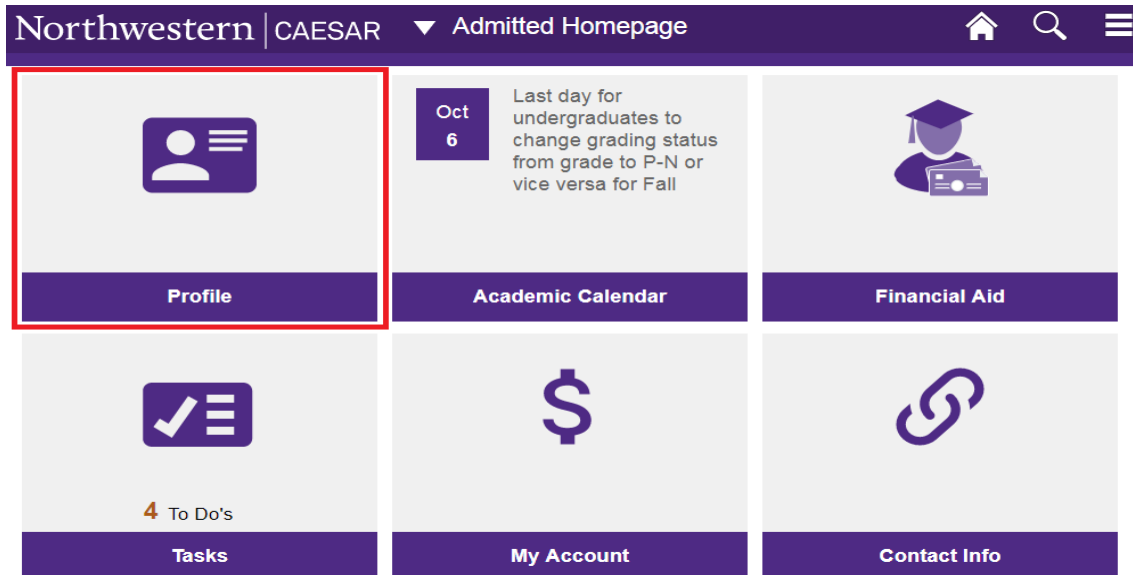
## Instructions for Waiving the Northwestern University Student Health Insurance Plan (NU-SHIP)

Follow the instructions below to *waive* enrollment in the Northwestern University Student Health Insurance Plan (NU-SHIP) via CAESAR and confirm that you are covered by a medical insurance plan that meets Northwestern University's comparable coverage requirements. For more information on student health insurance, visit us at: <http://www.northwestern.edu/student-insurance/>.

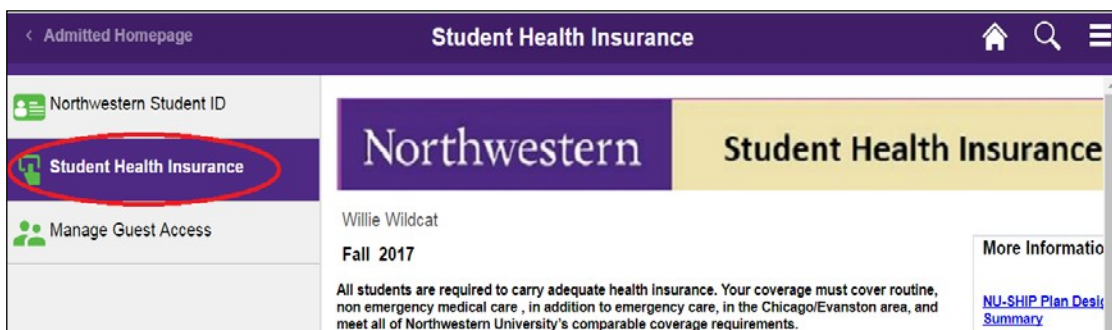
**Please note: Northwestern University requires all degree-seeking international students – students holding a J-1 or F-1 U.S. visa – to maintain enrollment in the NU Student Health Insurance Plan (NU-SHIP) for the entire time they are studying at Northwestern.**


**Step 1** Navigate to the CAESAR login page, <https://caesar.ent.northwestern.edu> and sign-in using your Northwestern NetID and password. The **CAESAR homepage** appears.

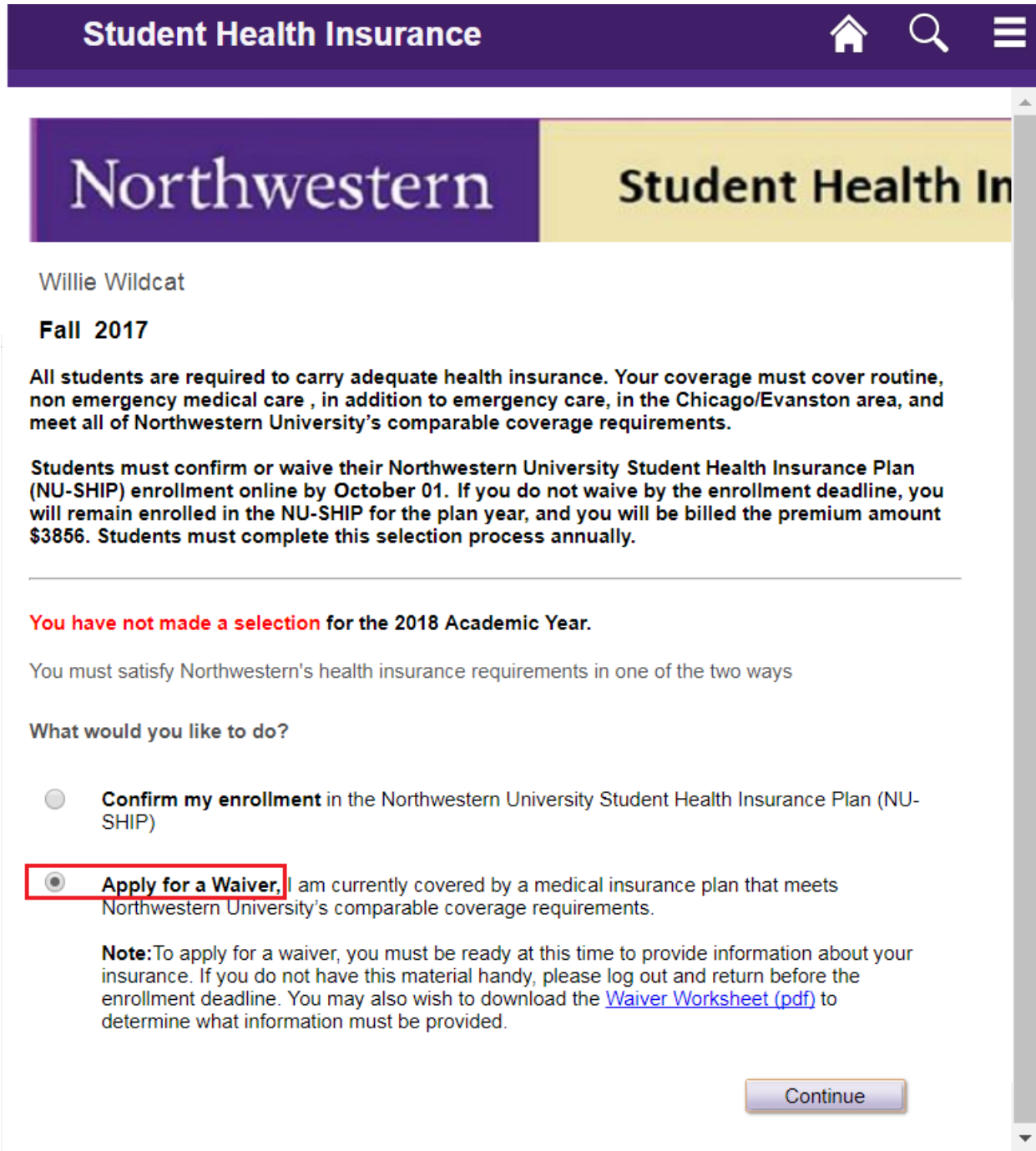
**Step 2** On the CAESAR Homepage, click the **Profile** tile.



**Step 3** Click on **Student Health Insurance** in the left hand menu. The **Northwestern Student Health Insurance** page appears. Review the Northwestern insurance requirements before proceeding.



**Step 4** Select **Apply for a Waiver** to waive participation in the Northwestern University Student Health Insurance Plan (NU-SHIP) by placing your cursor inside the “o” radio box provided to the left of the text. Press  to proceed.



**Student Health Insurance**

**Northwestern** Student Health In

Willie Wildcat

**Fall 2017**

All students are required to carry adequate health insurance. Your coverage must cover routine, non emergency medical care , in addition to emergency care, in the Chicago/Evanston area, and meet all of Northwestern University’s comparable coverage requirements.

Students must confirm or waive their Northwestern University Student Health Insurance Plan (NU-SHIP) enrollment online by **October 01**. If you do not waive by the enrollment deadline, you will remain enrolled in the NU-SHIP for the plan year, and you will be billed the premium amount \$3856. Students must complete this selection process annually.

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**You have not made a selection for the 2018 Academic Year.**

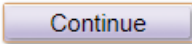
You must satisfy Northwestern's health insurance requirements in one of the two ways

What would you like to do?

**Confirm my enrollment** in the Northwestern University Student Health Insurance Plan (NU-SHIP)

**Apply for a Waiver.** I am currently covered by a medical insurance plan that meets Northwestern University’s comparable coverage requirements.

**Note:**To apply for a waiver, you must be ready at this time to provide information about your insurance. If you do not have this material handy, please log out and return before the enrollment deadline. You may also wish to download the [Waiver Worksheet \(pdf\)](#) to determine what information must be provided.



**Step 5** Complete the Waiver Application. At the bottom of the page, press Continue with Waiver to proceed with the waiver **submission** process.

- If you are unable to complete the waiver application and wish to save your entries for submission later, click on the Save for Later button at the bottom of the page.
- To go back, press “Return to Insurance options”
- **All modifications must be made by the enrollment deadline for your term of entry (October 1 for fall enrollees).**

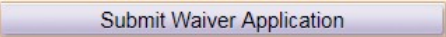
<h1 style="margin: 0;">Northwestern</h1>	<h2 style="margin: 0;">Student Health Insurance</h2>
<p>Willie Wildcat</p> <p><b>Fall 2017</b></p> <p>To waive your enrollment in the Northwestern University Student Health Insurance Plan, you must affirm that you have an active, alternate insurance policy that meets or exceeds Northwestern University's comparable coverage requirements.</p> <p>Note: To apply for a waiver, you must be ready at this time to provide information about your insurance. If you do not have this material handy, please log out and return before the enrollment deadline. You may also wish to download the <a href="#">Waiver Worksheet (pdf)</a> to determine what information must be provided.</p> <p><i>*All fields marked with an asterisk are required.</i></p>	
<b>Section A: Insurance Information</b>	
* Policy Holder First Name	<input type="text" value="Willie"/>
* Policy Holder Last Name	<input type="text" value="Wildcat"/>
* Subscriber ID	<input type="text" value="ABCD12345"/>
* Relationship to Insured	<input type="text" value="Parent"/>
* Insurance Company Name	<input type="text" value="NU WILDCATS"/>
* Insurance Company State	<input type="text" value="IL"/>
* Insurance Company Phone Number	<input type="text" value="888/444-7777"/>
* Insurance Type	<input type="text" value="POS"/>
<b>Section B: Comparable Coverage</b>	
* Plan Type (individual / family)	<input type="text" value="Family"/>
* Deductible	<input type="text" value="500.00"/>
* Annual Out-of-Pocket Maximum	<input type="text" value="1000"/>
HSA/HRA Contribution	<input type="text"/>
<b>Plan Requirements</b>	
Routine non-emergency care, as well as emergency care, provided in the Chicago/Evanston area (or local area the student will be residing and studying in for the academic year)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Treatment for pre-existing conditions (with no waiting periods or exclusions)	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Essential health benefits as defined by the Affordable Care Act (ACA):</b>	
• Preventive services, wellness services, and chronic disease treatment	<input checked="" type="radio"/> Yes <input type="radio"/> No
• Outpatient care (ambulatory patient services)	<input checked="" type="radio"/> Yes <input type="radio"/> No
• Emergency Services	<input checked="" type="radio"/> Yes <input type="radio"/> No
• Hospitalization (treatment for inpatient care)	<input checked="" type="radio"/> Yes <input type="radio"/> No
• In-patient & out-patient mental health services and addiction treatment	<input checked="" type="radio"/> Yes <input type="radio"/> No
• Prescription drugs	<input checked="" type="radio"/> Yes <input type="radio"/> No
• Rehabilitative services and devices	<input checked="" type="radio"/> Yes <input type="radio"/> No

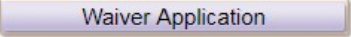
# Waiver Application Continued...

• Emergency Services	<input checked="" type="radio"/> Yes	<input type="radio"/> No
• Hospitalization (treatment for inpatient care)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
• In-patient & out-patient mental health services and addiction treatment	<input checked="" type="radio"/> Yes	<input type="radio"/> No
• Prescription drugs	<input checked="" type="radio"/> Yes	<input type="radio"/> No
• Rehabilitative services and devices	<input checked="" type="radio"/> Yes	<input type="radio"/> No
• Laboratory services	<input checked="" type="radio"/> Yes	<input type="radio"/> No
• Maternity and newborn care	<input checked="" type="radio"/> Yes	<input type="radio"/> No
• Pediatric services	<input checked="" type="radio"/> Yes	<input type="radio"/> No
The claims administrator of the plan is based in the U.S., has a U.S. telephone number and address for claims submissions, and the policy was issued in the U.S.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Coverage for medical evacuation and repatriation expenses: • Required for all F-1/J-1 students • For all other students: required only if you will be studying/doing research out of the U.S. during the current academic year (otherwise not exempt)	<input checked="" type="radio"/> Yes   N/A	<input type="radio"/> No
Active coverage from the day student arrives on campus through either August 31 OR the end of their academic program (whichever comes first)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input type="button" value="Save for Later"/> <input type="button" value="Continue with Waiver"/> <input type="button" value="Return to Insurance Options"/>		



Select "Save for Later" to complete waiver form and submit at a later date; **select "Continue with Waiver" to continue with waiver** form or "Return to Insurance Options" if you wish to enroll in the Northwestern Student Health Insurance Plan.

**Step 6** Click on the checkbox to the left of “**Certificate of Accuracy**”; enter a Parent/Spouse/Other Email Address in the box provided (optional) and press 

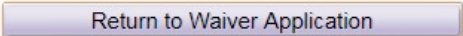
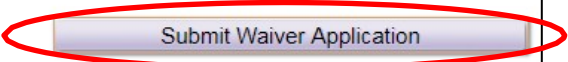
If you would like to update any of the information above, you may go back to your 



**Certificate of Accuracy**

I understand that I am requesting to waive enrollment in the Northwestern University Student Health Insurance Plan (NU-SHIP). I hereby certify that the all of the information provided in this application is true, complete, and accurate, to the best of my knowledge. I certify that my insurance plan provides comparable coverage, as defined by Northwestern.

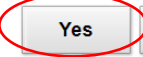

A confirmation email will be sent automatically to your Northwestern student email address. Enter your parent / spouse / other email address (optional) if you would like them to receive a copy of the confirmation email.

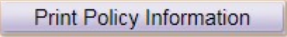
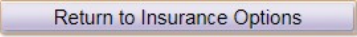
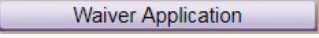
Email Address


**Step 7** When the message below appears click  to waive the Northwestern University Student Health Insurance plan (NU-SHIP). Or click  to cancel and return to the Coverage Selection Form).


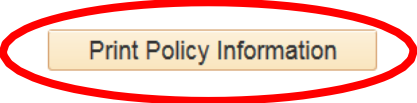
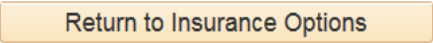
Select Yes to waive the Northwestern University Student Health Insurance plan, or No to cancel and return to the Coverage Selection Form.

**Step 8** Congratulations – you have successfully waived your participation in the **Northwestern University Student Health Insurance Plan!** An email confirming your waiver will be sent to your NU Email address. Press  to print a copy of your waiver for your records; press  to return to your CAESAR home page or press  to make a change to your selection.

Please note: all modifications must be made by the enrollment deadline for your term of entry (October 1 for fall enrollees).


If you would like to update any of the information above, you may go back to your 

## Printer Friendly Page:

Policy Holder	Dad Wildcat
Subscriber ID	123456NU
Relationship to Insured	Parent
Insurance Company Name	Medical Insurance
State	IL
Health Insurance Type	POS
Level of Coverage	Family
Deductible	500.00
Annual Out-of-Pocket Maximum	1300.00
HSA/HRA Contribution	

**Step 9** Press the  button to return to the waiver confirmation page.

**Step 9** To ensure account security, when you have completed your transaction, from top right of the **CAESAR banner**, click  to exit your session. Close your browser.

### Further assistance:

- For more information on student health insurance, visit us at: <http://www.northwestern.edu/student-insurance/>.
- On the **Evanston** campus, contact the Student Health Insurance office at 847-491-2113 or email [student.insurance@northwestern.edu](mailto:student.insurance@northwestern.edu).
- On the **Chicago** campus, contact the Student Health Insurance office at 312-503-1242 or email [student.insurance@northwestern.edu](mailto:student.insurance@northwestern.edu)
- For more information on these and other CAESAR functions, visit: <http://www.northwestern.edu/ses/students/index.html>.
- To review your bill on CAESAR (*note: the billing cycle runs on the 10<sup>th</sup> of each month*), navigate to your CAESAR homepage, and click on the **My Account tile**.