2019-2020 Petition to ADD NU-SHIP Coverage after the published enrollment deadline
(for students in quarter-term or annual-term programs)

Student Name: ___________________________  Student ID: ___________________________
               Last                               First                           MI            # on Wildcard

Mailing Address: ____________________________________________________________________

Phone #: (______) _________________________  Email: ________________________________

Date of Birth:          /     /         Sex: □ M    □ F  Acad Prog: ____________________________
                         mm          dd          yyyy

I request NU-SHIP coverage beginning: □ Autumn  □ Winter  □ Spring  □ Summer

I hereby petition to be allowed to enroll in Northwestern’s student health insurance plan (NU-SHIP) due to the following qualifying life change:

☐ Change in my employment (resulting in loss of existing insurance coverage)
☐ Change in spouse’s/parent’s employment (resulting in loss of my dependent coverage)
☐ Aging off parents’ insurance plan

Other (please provide brief explanation below):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

If you are requesting to add the NU-SHIP due to a loss of coverage, you must provide confirmation of your insurance termination from your prior carrier; this request cannot be processed without that information.

If approved, your coverage will commence as follows, based on the requested quarterly start noted above:

<table>
<thead>
<tr>
<th>Coverage Begins</th>
<th>Fall 2019</th>
<th>Winter 2020</th>
<th>Spring 2020</th>
<th>Summer 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-20 Premium (based on start date)</td>
<td>September 1, 2019</td>
<td>January 1, 2020</td>
<td>March 30, 2020</td>
<td>June 22, 2020</td>
</tr>
<tr>
<td>Coverage Period</td>
<td>$4,050</td>
<td>$2,701</td>
<td>$1,716</td>
<td>$785</td>
</tr>
<tr>
<td>9/1/19 – 8/31/20</td>
<td>1/1/20 – 8/31/20</td>
<td>3/30/20 – 8/31/20</td>
<td>6/22/20 – 8/31/20</td>
<td></td>
</tr>
</tbody>
</table>

I understand that I am responsible for the full premium for the quarter in which my coverage becomes effective (see rates above). Premium costs are not pro-rated; NU-SHIP coverage only can be adjusted in quarterly enrollment periods.

Student’s signature ___________________________ Date ___________________________

Please return this form to the Northwestern Student Insurance office:
email student.insurance@northwestern.edu or fax to 847.491.4268