

Northwestern | STUDENT HEALTH INSURANCE

2022-2023 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: Fall 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:

	Fall 2022	Winter 2023	Spring 2023	Summer 2023
Coverage Begins	September 1, 2022	January 1, 2023	March 28, 2023	June 20, 2023
2022-23 Premium <small>(based on start date)</small>	\$4,698	\$3,127	\$2,021	\$940
Coverage Period	9/1/22– 8/31/23	1/1/23 – 8/31/23	3/28/23– 8/31/23	6/20/23 – 8/31/23

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**