## Northwestern | STUDENT HEALTH INSURANCE

## 2023-2024 Application to Renew NU-SHIP Coverage

for students on Medical/Parental Leave of Absence

Student Name:		Student ID:	
(Last)	(First)	(MI)	(# on Wildcard)
Address:			
(Street)	(Apt/Unit)		
(City) (S	State)	(Zip)	
Phone #: ()	Email:		
<b>Date of Birth:</b> //		Sex: ☐ M ☐	F 🗆 Other
<b>Type of Leave:</b> □ Medical □	Parental	ease specify)	
Effective Date of Leave:			
Were you enrolled in the 2022-2023	3 NU-SHIP?		☐ Yes ☐ No
Do you wish to renew your enrollm	nent for the 2023-2024	plan year?	☐ Yes ☐ No
Please note: the NU-SHIP is Northwest 1–Aug. 31 annually. Students who init Winter, Spring, or Summer quarter will year (Aug. 31); no additional action on Students who initiate a Leave of Absentual Students who took a Leave of Absence academic year, must submit an applicate I hereby request to extend my NU-SHIP premium amount will be billed to my	tiate a Leave of Absence I retain their NU-SHIP en the student's part is required (Medical, Parental, or during the 2022-2023 action to renew their NU-SIP coverage for the 2023	(Medical, Parental, or nrollment through the uired.  It other form of Leave ademic year that will HIP coverage.	r other form of Leave) in end of the existing plan ) in Fall 2023 quarter, or extend into 2023-24
	orm to the Northwester		ce office
For internal use only, by Student In	surance staff		
Program:	N	NU-SHIP renewed:	//
Processed by:			