

Northwestern | STUDENT HEALTH INSURANCE

2023-2024 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 2023	Winter 2024	Spring 2024	Summer 2024
Coverage Begins	September 1, 2023	January 1, 2024	March 26, 2024	June 20, 2024
2023-24 Premium <small>(based on start date)</small>	\$5,144	\$3,429	\$2,235	\$1,026
Coverage Period	9/1/23– 8/31/24	1/1/24 – 8/31/24	3/26/24– 8/31/24	6/20/24 – 8/31/24

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**