

# Northwestern | STUDENT HEALTH INSURANCE

## 2023-2024 NU-SHIP Petition to CANCEL *after the published enrollment deadline*

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
Last First MI # on Wildcard

**Mailing Address:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cancel End of Quarter:**  Fall  Winter  Spring  
mm / dd / yyyy

**Policy Holder Name (First & Last Name):** \_\_\_\_\_

**Policy Holder ID:** \_\_\_\_\_

**Policy Holder Date of Birth:** \_\_\_\_\_

**Policy Holder Relationship:**  Daughter  Son  Self  Spouse  Domestic Partner  Other

**Insurance Company Name:** \_\_\_\_\_

**Insurance Company (Address, City, State, & Zip):** \_\_\_\_\_

**Insurance Company Phone Number:** \_\_\_\_\_ (Used to verify coverage. Must be a U.S. phone number.)

**Insurance Type:**  HMO  PPO  EPO  POS  Illinois Medicaid  Other (please specify) \_\_\_\_\_

COMPARABILITY OF COVERAGE Alternate insurance plans must provide:	Indicate if your plan includes coverage for:	
	Yes	No
In-network routine non-emergency care, and emergency care, <i>provided in the Evanston / Chicago area</i> (or local area the student will be residing/studying in)		
Treatment for pre-existing conditions (with no waiting periods or exclusions)		
Essential health benefits as defined by the Affordable Care Act (ACA):		
• Preventive services, wellness services, and chronic disease treatment		
• Outpatient care (ambulatory patient services)		
• Emergency Services		
• Hospitalization (treatment for inpatient care)		
• In-patient & out-patient mental health services and addiction treatment		
• Prescription drugs		
• Rehabilitative services and devices		
• Laboratory services		
• Maternity and newborn care		
• Pediatric services		
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.		
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 note N/A)	Yes	N/A
Active coverage from the day student arrives on campus through either August 31, 2024 OR the end of their academic program (whichever comes first)		

*I certify I am insured under the insurance plan noted above and it meets all of Northwestern's comparable coverage criteria*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Please return this form to the Northwestern Student Insurance office:  
 email [student.insurance@northwestern.edu](mailto:student.insurance@northwestern.edu) or fax to 847.491.4268**