Northwestern | STUDENT HEALTH INSURANCE

2022-2023 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: Ĭ Daughter Ĭ Son Ĭ Self Ĭ Spouse Ĭ Domestic Partner Ĭ 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: Ĭ HMO Ĭ PPO Ĭ EPO Ĭ POS Ĭ Illinois Medicaid Ĭ Other (please specify) _____

COMPARABILITY OF COVERAGE Alternate insurance plans must provide:	*Indicate if your plan includes coverage for:*		
	Yes		No
Routine non-emergency care, and emergency care, ***provided in the Evanston / Chicago area*** (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, 2023 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 or fax to 847.491.4268