

2024-2025 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) (State) (Zip)

Phone #: (_____) _____ **Email:** _____

Date of Birth: ____ / ____ / ____ **Sex:** M F Other
mm / dd / yyyy

Type of Leave: Medical Parental Other (please specify) _____

Effective Date of Leave: _____

Were you enrolled in the 2023-2024 NU-SHIP? Yes No

Do you wish to renew your enrollment for the 2024-2025 plan year? Yes No

Please note: the NU-SHIP is Northwestern's Student Health Insurance Plan, providing coverage from Sept. 1–Aug. 31 annually. Students who initiate a Leave of Absence (Medical, Parental, or other form of Leave) in Winter, Spring, or Summer quarter will retain their NU-SHIP enrollment through the end of the existing plan year (Aug. 31); no additional action on the student's part is required.

Students who initiate a Leave of Absence (Medical, Parental, or other form of Leave) in Fall 2024 quarter, or students who took a Leave of Absence during the 2023-2024 academic year that will extend into 2024-25 academic year, must submit an application to renew their NU-SHIP coverage.

I hereby request to extend my NU-SHIP coverage for the 2024-25 academic year and understand applicable premium amount will be billed to my student account:

Student's Signature

Date

Please return this form to the Northwestern Student Insurance office
Email: student.insurance@northwestern.edu / Fax: 847.491.4268

For internal use only, by Student Insurance staff

Program: _____

NU-SHIP renewed: ____ / ____ / ____

Processed by: _____