

# Northwestern | STUDENT HEALTH INSURANCE

## 2024-2025 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 2024	Winter 2025	Spring 2025	Summer 2025
Coverage Begins	September 1, 2024	January 1, 2025	April 1, 2025	June 23, 2025
2024-25 Premium (based on start date)	\$5,571	\$3,709	\$2,335	\$1,068
Coverage Period	9/1/24 – 8/31/25	1/1/25 – 8/31/25	4/1/25 – 8/31/25	6/23/25 – 8/31/25

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](mailto:student.insurance@northwestern.edu) or fax to 847.491.4268**