

Northwestern | STUDENT HEALTH INSURANCE

2024-2025 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, 2025 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**