Northwestern | STUDENT HEALTH INSURANCE

2025-2026 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 2025	Winter 2026	Spring 2026	Summer 2026
Coverage Begins	**September 1, 2025**	**January 1, 2026**	**March 31, 2026**	**June 22, 2026**
2025-26 Premium (based on start date)	$5,919	$3,941	$2,497	$1,151
Coverage Period	9/1/25 – 8/31/26	1/1/26 – 8/31/26	3/31/26– 8/31/26	6/22/26– 8/31/26

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 or fax to 847.491.4268