

Northwestern | STUDENT HEALTH INSURANCE

Winter 2025 Graduation NU-SHIP Cancellation Form

Name: _____ Date: ____/____/____

Student ID #: _____ Date of Birth: ____/____/____
(# on Wildcard) (mm) (dd) (yyyy)

Academic Program: _____

Reason for Termination: ☐ Graduation Expected Graduation Date: ____/____/____

I understand that once my cancellation request has been processed, I cannot re-enroll in NU-SHIP coverage. I request to terminate my coverage under the Northwestern Student Health Insurance Plan (NU-SHIP), provided through Aetna Student Health, at the end of:

☐ **Winter Quarter 2025**

Coverage terminates 3/31/2025

Domestic students: please ensure that you have alternate coverage that meets all federal requirements for health insurance under the Affordable Care Act, prior to completing your cancellation request.

International students: please ensure that you have adequate health insurance coverage for the full duration of your stay in the United States, per the terms of your U.S. visa.)

Signature: _____

Please submit this form back to our office via email at
student.insurance@northwestern.edu.

You will be notified via email once your cancellation request has been processed; requests may not be processed until the Northwestern Student Health Insurance Office confirms your applicable graduation/withdrawal status in CAESAR.

The Northwestern University Student Insurance Office does not issue refund checks. Please contact Student Accounts (Evanston campus: 847.491.5224 / Chicago campus: 312.503.8503) for information regarding your refund.