

Northwestern | STUDENT HEALTH INSURANCE

Y kpvgt 2027 Graduation NU-SHIP Cancellation Form

Name: _____ Date: ____/____/____

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

Academic Program: _____

Reason for Termination: Graduation Date: ____/____/____
(expected graduation date)

Please note we are only able to process the graduation cancellation as of the end quarter in which you actually graduate. Graduation cancellations requests submitted after the applicable deadline (3/17/25) will not be honored or processed. 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:

Y kpvgt Quarter 2027
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 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.