

Northwestern | STUDENT HEALTH INSURANCE

Winter 2025 Withdrawal - NU-SHIP Cancellation Form

Name: _____ Date: ____/____/____

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

Academic Program: _____

Reason for Termination: Withdrawal Date: ____/____/____
(Withdrawal Date)

Please note we are only able to process the cancellation as of the end quarter in which your withdrawal was processed by the university. 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

I understand that once my cancellation request has been processed, I cannot re-enroll in NU-SHIP coverage. (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 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.