

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 dependent coverage)
- Aging off parents' insurance plan
- Other (please provide brief explanation below):

BB

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 quarterly start noted above:

	Fall 20	Winter 20	Spring 20	Summer 20
Coverage Begins	September 1, 20	January 1, 20		June 2, 20
Premium	\$5 571	\$3 709	\$2 335	\$1,068
(based on start date)				
Coverage Period	9/1/ 4-8/31/ 5	1/1/ 5-8/31/ 5	4/1/ 5-8/31/ 5	6/ 3 5-8/31/ 5

I understand that I am responsible for the full premium for the quarter in which coverage becomes effective (see rates above). Premium costs are not capped; 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: