

Winter 5 Graduation NU-SHIP & D Q F H O) @ R D W L R Q

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 20 5
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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 visa.)

Signature: _____

Please submit this form back to our office via email at

VWXGHQW LQVXUDQFH#QRUWKZHVVWHUQ HGY

You will