

201 -20 NU-SHIP Cancellation Form

Name _____ Date: ____/____/____

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

Academic Program: _____

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

I request to terminate my coverage under the Northwestern Student Health Insurance Plan (SHIPNU) provided through Aetna Student Health, at the end of:

Fall Quarter 20
Coverage terminates 12/31/1
Deadline to submit form: 12/1 / 9

Winter Quarter 20
Coverage terminates / /
Deadline to submit form: 3/1 /

I understand that once my cancellation request has been processed, I cannot re-enroll in SHIPNU 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 sign in ink)

Please return your completed, signed form to the Northwestern Student Health Insurance Office:

Evanston campus:
Searle Hall
633 Emerson Street, Suite 25b
Evanston, IL 60208
Fax:

Chicago campus:
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1 / D N H V K R U H ' U L Y H
& K L F D J R , /
Fax:

Email: 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.

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