Petitionto ADD NU-SHIP Coverageafter the published enrollment deadline (for students in quarter term or annual term programs)

Student Name:				Student ID: MI # on Wildcard		
Last		First	MI		# on Wildcard	
Mailing Address:						
Phone # ()	e of Birth:/ Sex: M F Acad Prog:					
Date of Birth:/	/ Sex:	M F Ac	ad Prog:			
I request N	U-SHIP coveragebeg	inning: Fall	Winter	Spring	Summer	
I hereby petition to be allowed to enroll in Northwestern's student health insurance plarH(IR)) due to the following qualifying life change:						
Change immy employment (esulting inloss of existing insurance coverage) Change in spouse's/parent's employm(easulting in loss of my dependent coverage) Aging off parents' insurance plan Other (please provide brief explanation below):						
BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB						
If you are requesting to add the NUHSP due to a loss of coverage, you must provide confirmation of your insurance termination fromyour prior carrier; this request cannot be processed without that Lnformation. If approved, your coverage will commence as follows, based on the requesterly start noted above:						
ii approvou, your oc	Fall 20	Winter 20	Sprin		Summer 20	
Coverage Begins 20 4 5Premium	September 1, 20 \$5 571	January 1, 20 \$3 709		2 335	June 2, 20 \$1,068	
(based o start date) Coverage Period	9/1/ 4-8/31/ 5	1/1/ 5 – 8/31/ 5	4/1/ 5	5 – 8/31/ 5	6/ 3 5-8/31/ 5	
I understand that I amresponsible for the full premium for the quarter in whiteh coverage becomes effective (see rates above). Premium costs are netapled; NUSHIP coverage only can be adjusted in quarterly enrollment periods.						
Student's Signature				Date	9	
Please return thisform to the Northwestern Student Insurance office:						