

1 8 6 # L3W K G U & Z Q E 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: **F** 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:*

) D Q & D U W H U  
& R Y H W D H U P L Q D W H V

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 sign in ink)