



Student Insurance Petition to Add Student ONLY Form

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED

Please print clearly to ensure accurate processing.

Date: _____

Student's Name: _____ Student ID Number: _____

Address: _____
Street or P.O. Box City State Zip

Gender: _____ Male _____ Female Date of Birth: _____ Telephone #: _____

Email: _____ Requested Effective Date: _____

Student Level: _____ Undergraduate _____ Graduate _____ Law _____ CPS Undergraduate _____ CPS Graduate

Name of Individual Completing Form: _____
(if other than student)

Relationship to Student: _____

Students can only add coverage if there is a qualifying event. A qualifying event is defined as:

- ✓ Reaching the age limit of another health insurance plan
- ✓ Loss of health insurance through a marriage or divorce
- ✓ Qualified Event: Loss/Change of job, aged off plan, changing plans due to coop or study abroad. Note: Voluntarily choosing to cancel COBRA or other health plan is not a qualified event. Visit www.northeastern.edu/nushp for details.
- ✓ Early enrollment in August

Please detail your extenuating circumstances explaining the reason you wish to enroll yourself:

- I understand that this Petition is subject to the approval of NUSHP and subject to the payment of any applicable fee. Effective date of coverage will determine fee due. Once your petition has been processed, coverage cannot be cancelled.

If you are completing this petition as a result of losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from your previous carrier confirming loss of coverage and indicating the last date of coverage. In order not to have a lapse in coverage, this petition must be received within 30 days of your last day of coverage. If this form is not received within 30 days of your last day of coverage, the effective date will be the date that this form is received at Gallagher Student Health.

Signature of Student (*student being enrolled must sign form in order to be processed*) **Date**

Please complete form and send it with a letter from your previous carrier confirming loss of coverage to:
Northeastern University at, NUSHP@northeastern.edu.

To enroll your Dependents please fill out The Petition to Enroll Dependents form located under our forms tab on our website: studenthealthplan.northeastern.edu