

STUDENT HEALTH PLAN PETITION TO ENROLL	 Northeastern UNIVERSITY	120 Hayden Hall 360 Huntington Avenue, Boston, MA 02115 Tel: 617.373.2270 Fax: 617.373.8222 www.neu.edu/registrar/billing.html
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Student's Name:	Student's NUID:	Student's Date of Birth:								
Student's Mailing Address:	Student's myNEU E-Mail Address:									
Student's Phone Number:	Requested Effective Date:									
Reason for Enrollment Request *: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> No longer covered under parent's insurance</td> <td><input type="checkbox"/> Beyond current policy's age limit</td> </tr> <tr> <td><input type="checkbox"/> Loss of job</td> <td><input type="checkbox"/> Current insurance expires</td> </tr> <tr> <td><input type="checkbox"/> August start (required to be on campus)</td> <td><input type="checkbox"/> Addition of spouse or child**</td> </tr> <tr> <td><input type="checkbox"/> Other qualifying event, please indicate _____</td> <td></td> </tr> </table>			<input type="checkbox"/> No longer covered under parent's insurance	<input type="checkbox"/> Beyond current policy's age limit	<input type="checkbox"/> Loss of job	<input type="checkbox"/> Current insurance expires	<input type="checkbox"/> August start (required to be on campus)	<input type="checkbox"/> Addition of spouse or child**	<input type="checkbox"/> Other qualifying event, please indicate _____	
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* Attach proof of loss of coverage or other qualify event. It must include current insurance policy's date of expiration which must be no more than 30 days prior to the date this petition was received in our office. Petitions will not be considered without this documentation. **Additional forms needed (marriage/birth certificate)										

I understand that I am requesting to enroll in the Northeastern Student Health Plan for the reason indicated above. My request is being taken under consideration based on the information that I am submitting with this petition. I understand that, if approved, my coverage will commence on first day of the month the petition was received, or first day of the month in which my current insurance terminates. The cost of coverage will be pro-rated based on the date the insurance becomes effective. I understand this petition is subject to review by Northeastern University and the decision is FINAL.

Student's Signature (parent signature, if under 18 years of age)	Today's date
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Comments: _____

Internal office use:

Decision: (circle one) Approved Qualified Approved Unqualified Denied

By: _____ Date: _____

Notice: Please allow ten (10) business days for processing.
 Mail or fax completed form to:

Northeastern University
 Student Accounts Office
 120 Hayden Hall
 360 Huntington Avenue
 Boston, MA 02115
 Fax 617-373-8222