

<p align="center">Northeastern University Student Health Plan (NUSHP) MIDYEAR OPEN ENROLLMENT</p>		<p>E-mail completed forms to: Northeastern University Student Health Plan (NUSHP) Email: NUSHP@northeastern.edu www.northeastern.edu/nushp</p>
--	--	--

**Request must be submitted by:
January 31, 2024, to be eligible.**

Student's Name:	Student's NUID#:	Student's DOB:
Student's Mailing Address:	Student's myNU E-Mail Address:	
Student's Phone Number:	Coverage Effective Date: January 1st, 2024	

Check one: Undergraduate Graduate College of Professional Studies School of Law

ADDITIONAL ENROLLEES

Required Documentation:
 Enrollments for spouse or child(ren): Attach a copy of your marriage license and/or child(ren)'s birth certificates. Petitions will not be considered without this documentation. A spouse may be added during the open enrollment period or within 30 days of marriage or if spouse has qualified event. Child(ren) may be added during the open enrollment period or within 30 days from their birth or if there is a qualifying event. Documentation is required to support a qualified event.
 I understand that when enrolling my dependents and that I need to provide the proper documentation.

Financial Acknowledgment:
 Student who wish to enroll dependent(s) have additional fees on top of their health plan fee. To find what the rates cost visits the effective dates and cost page on our website: www.northeastern.edu/nushp. The additional cost will be added to a student's account and will need to be paid by the due date provided by the student accounts office in their billing
 I understand that there is an additional charge (s) when enrolling my dependents and that it will be added to my student account.

Spouse Name (first, last)	Spouse SS#	DOB	Gender
Child's Name (first, last)	Child's SS#	DOB	Gender
Child's Name (first, last)	Child's SS#	DOB	Gender

ENROLLMENT: Review this section and check box below to enroll in NUSHP.

Please enroll me in the Northeastern University Student Health Plan (NUSHP).

I understand that my coverage will commence on January 1, 2024 and will continue through August 31, 2024. The cost of coverage will be pro-rated (e.g. the cost for an individual student is \$1664.00). The health plan may not be waived or canceled prior to the end date of the policy. For benefit questions, please email NUSHP@northeastern.edu.

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

Notice: Please 15 business days for processing.

Internal office use: Approved by: _____ Date: _____ ver. December 2023

Nothing in this communication may be construed to constitute a promise of Benefit from Northeastern University's Student Health Plan. Only Blue Cross Blue Shield of Massachusetts can provide a pre-determination of benefits.