

<h2>Mid Year Adjustment Form - January</h2>		E-mail completed forms to: Northeastern University Student Health Plan (NUSHP) Email: NUSHP@northeastern.edu www.northeastern.edu/nushp
<b>Deadline for submitting this form is January 31, 2023</b>		

Student's Name:	Student's NUID#:	Student's DOB:
Student's Mailing Address:	Student's myNortheastern E-Mail Address:	
Reason for Termination: <input type="checkbox"/> Degree completed, December 2022 <input type="checkbox"/> One- Term program Completed	Student's Phone Number:	

\*\* If approved an adjustment of \$1451.00 will be posted to your NU account. You can request a refund through MyNortheastern if this results in a credit to your account. After processing, you will receive a letter from Blue Cross Blue Shield acknowledging the termination of your coverage.

I understand that I am requesting to terminate my enrollment and all dependents in the Northeastern Student Health Plan (NUSHP) for the reason 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 end on January 31, 2023.**

\*\* Refunds will be processed after certificate of graduation is confirmed. (Typically end of February) \*\*

The following link has more helpful information on requesting a refund.

<https://studentfinance.northeastern.edu/policies-procedures/student-refund-requests/>

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Notice: Please allow ten (15) business days for processing.

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Internal office use:

Decision: (circle one)    Approved    Denied

By: \_\_\_\_\_

Date: \_\_\_\_\_

*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.*