

<p align="center">Northeastern University Student Health Plan (NUSHP) Petition to Enroll Dependents</p>		<p>E-mail completed forms to: Northeastern University Student Health Plan (NUSHP) Email: NUSHP@northeastern.edu www.northeastern.edu/nushp</p>
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Student's Name:	Student's NUID#:	Student's DOB:
Student's Mailing Address:	Student's myNEU E-Mail Address:	
Student's Phone Number:	Requested Effective Date:	

Indicate reason for Enrollment:

Qualified Event: Loss/Change of job, aged off plan for my spouse/dependent (s) *Note: Voluntarily choosing to cancel cobra or other health plan is not a qualified event. Visit www.northeastern.edu/nushp for details.

Required Documentation:

Attach documentation of loss of coverage or other qualified event (*must include insurance policy's termination date*). If termination date is beyond 30 days, enrollment will be processed as an "unqualified enrollment" with limited benefits. 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. For additional information on qualified/unqualified enrollment visit www.northeastern.edu/nushp. A dependent(s) 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 open enrollment period or within 30 days from their birth or if there is a qualifying event. Documentation is required to support qualified event.

I have read the above and attached the appropriate documentation needed for Enrollment.

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

By signing this form, I understand that I am requesting to enroll in the NUSHP for the reason indicated above. My request is being taken under consideration bases on the information that I am submitting with this petition. I understand that, if approved, my coverage will commence on the first day of the month the petition was received, or the first day of the month in which my current insurance terminates. The cost of coverage will be pro-rated bases on the date the insurance becomes effective. The health plan may not be waived or canceled prior to the end of the date of coverage year. I understand this petition is subject to review by the Northeastern University and the decision is FINAL.

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

Notice: Please allow ten (15) business days for processing. ver. Nov 2022

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.