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Northeastern University

UHCS Forms

University Health and Counseling Services

November 01, 2011

# Northeastern University student health plan midyear open enrollment form

University Health and Counseling Services, Northeastern University

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| **Northeastern University Student Health Plan (NUSHP)**<br>**MIDYEAR OPEN ENROLLMENT** | | Mail or Fax completed forms to:<br>**Northeastern University Student Health Plan (NUSHP)**<br>**360 Huntington Avenue, 135 FR**<br>**Boston, MA 02115**<br>**Tel: 617.373.8007 Fax: 617.373.7340**<br>**www.northeastern.edu/uhcs/nushp** |
|---|---|---|
| **Request must be submitted by: January 31, 2012 to be eligible.** | | |

| Student's Name: | Student's NUID#: | Student's DOB: |
|---|---|---|
| Student's Mailing Address: | Student's myNEU E-Mail Address: | |
| Student's Phone Number: | Coverage Effective Date:<br>**January 1st, 2012** | |

## 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.

| 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, 2012 and will continue through August 31, 2012. The cost of coverage will be pro-rated (e.g. the cost for an individual is $1605.00). The health plan may not be waived or canceled prior to the end date of the policy. For benefit questions, please email NUSHP@neu.edu.

_____

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

Notice: Please allow ten (10) business days for processing.

Internal office use: Approved by: _____ Date: _____ ver. Nov 2010

*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.*