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Northeastern University

UHCS Forms

University Health and Counseling Services

January 01, 2011

Request to Terminate Health Plan Form

University Health and Counseling Services, Northeastern University

Recommended Citation

University Health and Counseling Services, Northeastern University, "Request to Terminate Health Plan Form" (2011). *UHCS Forms.* Paper 9.

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NUshp
Northeastern University
Student Health Plan

Request to Terminate
NUSHP Health Plan—January

354 Richards Hall • 360 Huntington Avenue, Boston, MA 02115 • Tel: 617.373.2270 • Fax: 617.373.8222 • studentaccounts@neu.edu • www.northeastern.edu/sfs

Deadline for submitting this form is January 31, 2012

Student's Name:	NUID:	Student's Date of Birth:
***Student's Mailing Address:**	Student's myNEU E-Mail Address:	
Student's Phone Number:		
Reason for Termination ☐ Degree completed, December, 2011 ☐ One-Term Program Completed		

*Your account will be credited for---------- If this results in a credit to your account, please include your mailing address above. After processing, you will receive a letter from Blue Cross Blue Shield formally 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 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 end on January 31, 2012.**

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

Comments: _____

Internal office use:

Decision: (circle one) Approved Denied

By: _____ Date: _____

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

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