

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

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Fax 617-373-8222

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 sul	omitting t	his 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	er:				
Reason for Termination Degree completed, I One-Term Program	December, 2017	1			
					clude your mailing address above. ledging the termination of your
	bove. My reque	est is being take	n under conside	eration based o	Northeastern Student Health Plan on the information that I am n 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			
Ву:				Date:	
Notice: Please allow ten Mail or fax completed for Northeastern Uni Student Account: 354 Richards Ha 360 Huntington A Boston, MA 0211	m to: iversity s Office II Avenue	ays for processin	ng.		