

# Northwestern

## UNDERGRADUATE FINANCIAL AID

## 2016-17 Health Insurance Financial Assistance Request

---

Northwestern University requires all degree-seeking students to be covered by a comprehensive health insurance plan. You must inform the Student Health Insurance Office annually whether you will:

- Confirm your enrollment in the NU Student Health Insurance Plan (NU-SHIP), sponsored by Aetna Student Health, via the online form in CAESAR, or
- Apply to waive your enrollment in the NU-SHIP by affirming that you have active health insurance that meets all of NU's comparable coverage requirements

Please refer to [www.northwestern.edu/student-insurance](http://www.northwestern.edu/student-insurance) for details regarding Northwestern's annual enrollment / waiver policies, or contact the Student Health Insurance office at [student.insurance@northwestern.edu](mailto:student.insurance@northwestern.edu).

The Office of Financial Aid may provide additional assistance to students who do not have comparable health insurance coverage and demonstrate substantial financial need to cover the 2016-17 premium of \$3,799. The type of assistance provided (scholarship or loan assistance) will be based upon the availability of funds and your level of financial aid eligibility. You and your parent(s) or legal guardian are required to complete the following certification statement prior to the Financial Aid Committee's review for supplemental funding. Please note that your request cannot be processed until the charge appears on your invoice.

Upon receipt of the statement below, the Financial Aid Committee will review your request. If approved, this adjustment will appear on your invoice as a direct credit against the actual charge of the NU Student Health Insurance Plan (NU-SHIP).

### Certification Statement

---

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

We affirm that the student listed above is currently enrolled at Northwestern University and does not have comparable health insurance coverage available through a family hospitalization insurance plan during the 2016-17 academic year. We, therefore, request consideration for additional financial assistance to cover the NU Student Health Insurance Plan. Upon request, we can provide documentation to support our circumstances.

---

(Student Signature)

---

(Parent or Guardian Signature)

*Please return this completed document to:*  
Office of Financial Aid  
1801 Hinman Ave., 2<sup>nd</sup> Floor  
Evanston, IL 60208-1270  
Email: [undergradaid@u.northwestern.edu](mailto:undergradaid@u.northwestern.edu)  
Fax: (847) 491-5969

Deadline: December 30, 2016