Northwestern

UNDERGRADUATE FINANCIAL AID  2018-19 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 for details regarding Northwestern’s annual enrollment / waiver policies, or contact the Student Health Insurance office at student.insurance@northwestern.edu.

The Office of Undergraduate Financial Aid may provide additional assistance to students who do not have comparable health insurance coverage and demonstrate substantial financial need to cover the 2018-19 premium of $3,950. The type of resource offered to assist with the cost 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, our office 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 2018-19 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., 2nd Floor
Evanston, IL 60208-1270
Email: undergradaid@u.northwestern.edu
Fax: (847) 491-5969
Submit via secure upload at http://undergradaid.northwestern.edu/apPLY-for-aid/document-
upload.html.

Deadline: December 28, 2018