Northeastern University Student Health Plan (NUSHP)

Study Abroad/Co-op Waiver Form

360 Huntington Avenue, Boston, MA 02115 · 135 FR · Tel: 617-373-8007 · Fax: 617-373-7340 · nushp@neu.edu · www.northeastern.edu/NUSHP

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Student’s NUID#:</th>
<th>Student’s DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Mailing Address:</td>
<td>Student’s myNEU E-Mail Address:</td>
<td></td>
</tr>
<tr>
<td>Name and address of Insurance Carrier:</td>
<td>Policy/Subscriber Name (if other than student)</td>
<td></td>
</tr>
<tr>
<td>Student’s Phone Number:</td>
<td>Effective Date of Coverage:</td>
<td></td>
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</tbody>
</table>

Check one: □ Undergraduate  □ Graduate

Commonwealth of Massachusetts health plan requirements:

- Health plan provides coverage for urgently needed/medically necessary care while studying abroad
- Health plan provides coverage for mental health necessary care while studying abroad
- Health plan provides coverage for routine inpatient and outpatient care while studying abroad.
- Health plan has a benefit of more than $50,000 per illness.

Signature below confirms that my insurance offers the minimum coverage and meets the requirements mandated by the Commonwealth of Massachusetts as set forth above. The burden of proof that the alternative insurance is adequate falls upon the student choosing to waive. By submitting this waiver form the student will be accepting responsibility for all medical expenses incurred, and neither Northeastern University nor its student health plan will be responsible for these expenses. I understand that this waiver request is past the deadline and will be reviewed accordingly.

☐ Upon return to the United States, student agrees to enroll in NUSHP or provide comparable domestic coverage.

Arrival date back into the United States
 ________________________________________________________________________

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. Aug 2014

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.