Northern Illinois University
Student Insurance Office
Health Services, Room #201
DeKalb, IL 60115

Student Health Insurance
Student Enrollment Form

Phone: (815) 753-0122
Fax: (815) 753-0965
www.studentinsurance.niu.edu
Email:StudentInsurance@niu.edu

PLEASE PRINT:

STUDENT LAST NAME _____ FIRST _____ MIDDLE _____ Z- ID # _____

LOCAL ADDRESS _____ APT # _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

SEX: _____ MALE _____ FEMALE

CHECK ONE: _____ US CITIZEN _____ PERMANENT RESIDENT _____ NON-IMMIGRATION VISA

SEMESTER TERM BEGINNING: FALL 20_____ SPRING 20_____ SUMMER 20_____

DEADLINE TO ENROLL: 15TH CALENDAR DAY OF THE SEMESTER (5TH CALENDAR DAY OF SUMMER SESSION)

CHECK ONE OF THE FOLLOWING OPTIONS AND SIGN BELOW:

☐ BILL ME EACH SEMESTER TERM FOR STUDENT INSURANCE

By Signing below I certify that I have read and understand the following:

- BY CHOOSING THIS OPTION I ALLOW THE STUDENT INSURANCE OFFICE TO CHARGE MY TUITION ACCOUNT FOR STUDENT INSURANCE EACH FALL AND SPRING SEMESTER.
- ENROLLING FOR FEWER THAN 6 HOURS ANY FALL OR SPRING SEMESTER DISQUALIFIES ME FROM COVERAGE AND WILL VOID THIS APPLICATION.
- THE FEE CHARGED FOR STUDENT INSURANCE IS SUBJECT TO SETTLEMENT ACCORDING TO TERMS OF THE NIU REVOLVING PLAN.
- I MAY COMPLETE A WAIVER FORM BEFORE THE PUBLISHED SEMESTER DEADLINE IF I WISH TO VOID THIS APPLICATION.

⇨ _____ Signature _____ Date

☐ BILL ME ONE TERM ONLY FOR STUDENT INSURANCE

By Signing below I certify that I have read and understand the following:

- BY CHOOSING THIS OPTION I ALLOW THE STUDENT INSURANCE OFFICE TO CHARGE MY TUITION ACCOUNT FOR STUDENT INSURANCE FOR ONE TERM ONLY.
- I MUST BE ENROLLED FOR AT LEAST 6 HOURS BY THE 30TH CALENDAR DAY OF THE SEMESTER TO BE ELIGIBLE FOR COVERAGE.
- THE FEE CHARGED FOR STUDENT INSURANCE IS SUBJECT TO SETTLEMENT ACCORDING TO TERMS OF THE NIU REVOLVING PLAN. I MUST REAPPLY IF I WANT COVERAGE FOR ADDITIONAL SEMESTERS (UNLESS I REGISTER FOR 9 OR MORE ON-CAMPUS HOURS AND GET CHARGED FOR STUDENT INSURANCE AUTOMATICALLY.)

⇨ _____ Signature _____ Date

OFFICE USE ONLY: EFFECTIVE DATE: _____ BROCHURE: _____ APPROVED: _____

SEMESTER	# HOURS	PREMIUM	INVOICE DATE

SEMESTER	# HOURS	PREMIUM	INVOICE DATE