Northeastern Illinois University (the “University”) requires all full-time, undergraduate students to have health insurance coverage. Unless the student demonstrates he or she has existing coverage comparable to the University Student Accident and Sickness Plan, the University will enroll all full-time, undergraduate students for insurance coverage.

It is in the best interest of students to have health insurance. To ensure a healthy community, the University requires its full-time, undergraduate students to maintain proper health insurance coverage.

All full-time, undergraduate University students.

Undergraduate student - A classification of student who has not earned a baccalaureate degree. This category is determined by the Enrollment Services area and applies to students for each term, not per academic year.

Full-time undergraduate student - An undergraduate student enrolled in twelve or more credit hours per semester.

Part-time undergraduate student - An undergraduate student enrolled in fewer than twelve credit hours per semester.

Graduate student - A student indicated with the level of “graduate” as determined by the Enrollment Services area.

All full-time, undergraduate students will be assessed for student insurance coverage and enrolled in the University Student Accident and Sickness Plan each semester. The Plan is underwritten by a contracted insurance provider. Those who maintain their own comparable health insurance coverage and do not need to be enrolled in the Plan must demonstrate coverage by submitting a copy of their current insurance card and filing a Health Insurance Waiver in Bursar Services. This may also be done online. A waiver must be completed by the deadline published online in the Schedule of Classes for each semester; otherwise each full-time undergraduate student who does not submit a waiver form will be assessed for student insurance coverage and enrolled with the University’s student insurance carrier.

Part-time undergraduate students as well as second bachelor’s degree students and graduate students may also enroll for student insurance coverage (see guidelines below). Eligible part-time undergraduate, second bachelor’s degree, and graduate students must submit a completed Health Insurance Request form to
Bursar Services and pay the full premium amount upon submitting the request form to enroll in the Student Health Insurance Program.

Students who have enrolled in the student health insurance coverage and seek to add coverage for dependents should contact the insurance carrier, or apply for this coverage online at aetnastudenthealth.com.

Information concerning this plan is disseminated to students directly from the health insurance provider via email. Information is also available in brochures as well as pamphlets made available to students in the Bursar Services office and the Health Services office.

**GUIDELINES**

Undergraduate students who request to add coverage will be denied if they are enrolled for fewer than 6 credit hours per semester; graduate and second bachelor’s degree students will be denied if they are enrolled for fewer than 3 credit hours per semester. Students who request coverage, but withdraw from coursework may become ineligible for coverage. In such a case, coverage may be terminated if the date of withdrawal is prior to the end of the 90% credit/refund period for that term.

**HISTORY**


**APPENDIX**

A. Health Insurance Waiver  
B. Health Insurance Request Form

**RELATED POLICIES AND OTHER INFORMATIONAL MATERIAL**

Aetnastudenthealth.com

**CONTACT INFORMATION**

Please direct questions or concerns about this policy to:

<table>
<thead>
<tr>
<th>Contact</th>
<th>Phone</th>
<th>E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Bursar Services</td>
<td>(773)442-5199</td>
<td><a href="mailto:NEIUbursar@neiu.edu">NEIUbursar@neiu.edu</a></td>
</tr>
</tbody>
</table>

**DISCLAIMER**

The University reserves the right to modify or amend sections of this policy at any time at its sole discretion. This policy remains in effect until such time as the Responsible Officer calls for review. Requests for exception to any portion of this policy, but not to the policy statement, must be presented in writing to the Responsible Officer.
**APPENDIX A – HEALTH INSURANCE WAIVER**

FOR FULL-TIME UNDEGRADUATES ONLY  
Circle one  FALL   SPRING

This CANCELLATION CARD and a copy of your proof of alternate insurance coverage must be presented at confirmation. It cannot be accepted later without proof of alternate insurance coverage.

Print Name  
Last  First  MI  
ID#  ________________

I do not need the hospital/doctor insurance plan available to me as a student at NEIU because I already have insurance coverage through the:

__________________________________________________________ under the name of:  
Name of Insurance Carrier  ________________  parent

__________________________________________________________ employer

__________________________________________________________ self/spouse

Please exclude my name from the insured students list delete the insurance fee from my bill this term.

Signature  ____________________________  Date  __________________

**APPENDIX B – HEALTH INSURANCE REQUEST FORM**

HEALTH INSURANCE REQUEST FORM

Date:  ____________________________

Name:  ____________________________  SS#  __________________

Last  First  MI  

I would like to request the University health insurance for the _______ term.

Thank you.

Signature:  ____________________________

FOR A/R DEPT. USE ONLY

Staff Initials  ________