

**STUDENT HEALTH PLAN
LATE HEALTH WAIVER REQUEST**



120 Hayden Hall
360 Huntington Avenue, Boston, MA 02115
Tel: 617.373.2270 Fax: 617.373.8222
www.neu.edu/registrar/billing.html

Student's Name:	Student's ID/SSN:
Student's Mailing Address:	Student's myNEU E-Mail Address:
Student's Phone Number:	Name and address of Domestic Insurance Carrier:
Policy/Subscriber ID Number:	Primary Subscriber Name (if other than student):

The Commonwealth of Massachusetts requirements are below. Please confirm that your health coverage meets the minimum requirements below by checking each box.

- My plan is through a domestic provider. (Company is headquartered in the United States)
- My plan provides coverage for urgently needed/medically necessary care in the Boston, Massachusetts Area
- My plan provides coverage for routine inpatient and outpatient care in the Boston, Massachusetts area.
- My plan has a benefit of more than \$50,000 per illness.

Attach proof of effective dates of coverage. Petitions will not be considered without this documentation.

I assert that, in submitting this form that the information is truthful and that my insurance offers the minimum coverage mandated by the Commonwealth of Massachusetts. 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. If Late Health Waiver request is approved associated fee(s) are subject to a partial adjustment.

Student's Signature (parent signature, if under 18 years of age)

Today's date

Reason for waiving after the deadline (please provided any pertinent documentation): _____

Notice: Please allow ten (10) business days for processing.

Internal office use:

Approved by: _____ Denied by: _____ Date: _____