

NNU STUDENT HEALTH OPT-IN FORM

OFFICE USE ONLY

NNU ID# _____

SESSION: FA SP YEAR _____

STUDENT INFORMATION

Student's Name (First, Middle, Last) _____

Birth Date (mm/dd/yyyy) _____

NNU ID# _____

Email Address _____

Cell Phone _____

I choose to purchase the NNU Student Health Insurance Plan (SHIP) for the following period;
I understand I will be billed the selected amount through my student account.

- | | |
|--|------------------------------|
| <input type="checkbox"/> Annual (\$2,492) | 8/1/22 - 7/31/23 (All Year) |
| <input type="checkbox"/> Fall Only (\$1,045) | 8/1/22 - 12/31/22 (5 Months) |
| <input type="checkbox"/> Spring/Summer (\$1,447) | 1/1/23 - 7/31/23 (7 Months) |

Signature _____

Date (mm/dd/yyyy) _____

Information about this insurance plan can be found at
nnu.edu/student-insurance

A student who is enrolled in SHIP will not have the option of removal/reimbursement unless the student withdraws from NNU within 31 days of the period he or she is enrolled (before August 31 for the Fall Semester or January 31 for the Spring Semester)

Please submit this form by scanning and emailing to
wellnesscenter@nnu.edu (or FAX to **208.467.8675**)

Questions? Email us at
wellnesscenter@nnu.edu



WELLNESS CENTER

623 S University Boulevard
Nampa, Idaho 83686-5897

nnu.edu/wellness