

# 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 (SHIP) for the following period;  
I understand I will be billed the selected amount through my student account.

Annual (\$2,104.00) 8/1/21-7/31/22 (All Year)

Fall Only (\$882.00) 8/1/21-12/31/22 (5 Months)

Spring/Summer (\$1,222.00) 1/1/22-7/31/22 (7 Months)

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Information about this insurance plan can be found at  
**WELLNESSCENTER.NNU.EDU/MEDICAL-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**