How to complete the Claim Appeal Form

- Print clearly in pen, using block letters.
- Check appropriate box to indicate type of application (for example, student and dependent employee and dependent, etc.).
- Once completed, return the form to the UHIP®-UPA.

UHIP RAMU

Claim Appeal Form

Sun Life Financial

Instructions:

Please complete this form in full and return it to the University Plan Administrator.

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

Your privacy is important to us. To view Sun Life Financial's privacy policy please refer to www.sunlife.ca or to the UHIP® booklet "University Heath Insurance Plan (UHIP®) your basic health care solution" which can be found at www.uhip.ca.

Please PRINT clearly.

1 Appeal details

a) Date of appeal (dd-mm-yyyy)

I hereby appeal denial of the following claim:

Policy number
Sun Life Assurance Company of Canada – 50150

b) Member identification number | University name

c) Claimant first name | Middle initial | Last name | Claim number (see Explanation of Benefits form) | Date of service (dd-mm-yyyy)

d) Reason for denial

e) Reason for appeal

f) Claim expenses being appealed

2 Authorization and signature

IMPORTANT:
You must sign and date the form.

I hereby agree to disclose to Sun Life Assurance Company of Canada (the insurer) the names and addresses of all health caregivers/practitioners who have provided treatment in connection with this claim within the last six months, for the purpose of making a further assessment of my claim. *Please attach list.*

Based on this disclosure, I hereby authorize any licensed physician, medical practitioner, hospital, clinic, medical facility or organization that has records of or information pertaining to the above claim to release such records or information to the insurer, for its consideration of my claim appeal. A photocopy of this signed appeal and authorization shall be as valid as the original and shall continue to have effect through the duration of this appeal.

I will be happy to provide any additional information that may be required for my claim appeal.

a) Member's signature
X
Date (dd-mm-yyyy)

Address (street number and name) | Apartment or suite

Telephone | E-mail address

AACF-UHIP-006-E-04-14

Section 1: Appeal details

a) Enter the date you are completing this form.

b) – UHIP® member identification number

– University name.

c) – Full name of the claimant: last, first, and middle (your name or that of a family member).

– Claim number (this can be obtained from the Explanation of Benefits form)

– Date the claim was incurred

d) The reason given by the UHIP® insurer for the denial of your claim.

e) The reason you are appealing the decision.

f) Identify the expenses being appealed.

Section 2: Authorization and signature

a) Your signature and your complete Canadian address, including postal code.