



How to complete the Request for Exemption from UHIP® (Policy 50150) form

- Read the introduction carefully, and follow the instructions.
- Fill out electronically or print clearly in pen, using block letters.
- Enter all dates numerically (2 numbers each for day and month, 4 numbers for year).
- Once completed, send to Sun Life. Please see mailing instructions on the bottom of page 2.

	<h2 style="margin: 0;">Request for Exemption from UHIP® (Policy 50150)</h2>																								
<p>a 1 Completing and submitting a request for exemption</p> <p>Complete this form only if you are a government sponsored student/worker. This means that your government is paying for your education, living expenses and has purchased a health care policy for you while you are actively participating in school. If you hold publicly funded government insurance from your home country, you do not meet the criteria for applying for an exemption.</p> <p>You must also submit:</p> <p><input type="checkbox"/> Your insurance policy certificate containing full name of insurance policy holder and date of eligibility</p> <p><input type="checkbox"/> A copy of your full insurance policy details including limitations and exclusions</p> <p>If you have diplomatic status or a pre-approved plan listed on www.uhip.ca, please visit your university international office or human resources office and provide proof of your status and medical coverage.</p> <p>If none of the above applies to you, then you are NOT eligible to apply for an exemption and must remain enrolled in UHIP.</p> <p>Important information to know before applying for an exemption:</p> <ul style="list-style-type: none"> • You must submit your request within 45 days of your UHIP eligibility date. • You are responsible for gathering all information that Sun Life requests in only English or French. • Your application does not guarantee an exemption from UHIP. • While waiting for Sun Life's decision, you must remain enrolled in UHIP and pay the required. • All exemption decisions are valid only for that academic year. • If Sun Life approves your exemption, your University may give you a refund. 																									
<p>2 Member details (To be completed by the member)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a University name</td> <td style="width: 20%;">Policy number 50150</td> <td style="width: 50%;">UHIP member identification/Certificate number (if known)</td> </tr> <tr> <td>b Name of plan sponsor (policy holder)</td> <td colspan="2">Full name of insurance company and policy number (if applicable)</td> </tr> <tr> <td>c Member's last name</td> <td>Member's first name</td> <td>Date of birth (dd-mm-yyyy)</td> </tr> <tr> <td>Dependent's last name (attach additional names if necessary)</td> <td>Dependent's first name</td> <td>Date of birth (dd-mm-yyyy)</td> </tr> <tr> <td>d Member's telephone number</td> <td colspan="2">Member's email address</td> </tr> <tr> <td colspan="3">e Start date and end date of university</td> </tr> <tr> <td>From (dd-mm-yyyy)</td> <td colspan="2">To (dd-mm-yyyy)</td> </tr> </table> <p>Authorization and signature of primary member</p> <p>If my exemption request is accepted, I understand that my dependents (if listed above) and I will not be insured by UHIP and cannot claim against the university I attend or Sun Life.</p> <p>I certify that the information I provided above is true and complete. I authorize Sun Life, its agents and service providers to collect, use and disclose information needed for underwriting, administration and adjudicating claims under this Plan with any person or organization that has relevant information pertaining to this application including health professionals, institutions, investigative agencies, insurers and reinsurers.</p> <p>I agree that a photocopy of electronic version of this authorization shall be as valid as the original.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">f Member's signature X</td> <td>Date (dd-mm-yyyy)</td> </tr> </table> <p style="font-size: small;">Sun Life Assurance Company of Canada is the insurer and a member of the Sun Life Financial group of companies.</p>			a University name	Policy number 50150	UHIP member identification/Certificate number (if known)	b Name of plan sponsor (policy holder)	Full name of insurance company and policy number (if applicable)		c Member's last name	Member's first name	Date of birth (dd-mm-yyyy)	Dependent's last name (attach additional names if necessary)	Dependent's first name	Date of birth (dd-mm-yyyy)	d Member's telephone number	Member's email address		e Start date and end date of university			From (dd-mm-yyyy)	To (dd-mm-yyyy)		f Member's signature X	Date (dd-mm-yyyy)
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<p>Respecting your privacy</p> <p>Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.</p> <p>Mailing instructions – please keep a copy for your records</p> <p>Please email, fax or mail the completed form and supporting documents to International Student Claims: Email: case.mgmt@sunlife.com</p> <p>OR</p> <p>Toll free fax: 1-866-291-9479</p> <p>OR</p> <p>Mail to: Sun Life Assurance Company of Canada 1 York Street, Toronto ON Canada M5J 0B6</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Office use only</td> <td>Date received (dd-mm-yyyy)</td> </tr> </table> <p style="font-size: small;">Sun Life Assurance Company of Canada is the insurer and a member of the Sun Life Financial group of companies.</p>			Office use only	Date received (dd-mm-yyyy)																					
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Section 1: Completing and submitting a request for exemption

a) Please follow all the instructions and provide all the required documents that are listed.

Section 2: Member details

- a) - The name of the University you are attending.
- Your UHIP® member identification number.
- b) - Provide name of who the group policy is with (e.g. an employer or another university).
- Provide the insurer's company name and policy number (if applicable).
- c) Provide your full name (last, first) and your date of birth as well as the full names and dates of birth of your family members (if they are also covered by the plan for which you are requesting recognition).
- d) Provide Canadian telephone number and email.
- e) Date that you begin and end your education or work at the university.
- f) You must sign and date this section for your request to be processed.