



# Request for Exemption from UHIP® (Policy 50150)



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

## 1 Important – please read carefully

Please complete this form in full when requesting an exemption from UHIP.

When you come to study or work at an Ontario University you must have insurance to pay for the cost of healthcare services and medical treatments. The University Health Insurance Plan (UHIP) is a mandatory plan for international students, visitors, and employees affiliated with a participating University in Ontario. UHIP provides coverage for basic medical services and treatments you might need to maintain your health while living in Canada. Those who want to be considered for an exemption to UHIP must be able to demonstrate that they have alternative health/medical coverage that is at least equal to the coverage provided under UHIP. Enrollment in UHIP is required while applying for recognition of existing coverage. If your plan is recognized, you are eligible to apply for a refund of any UHIP premium paid. However, no refund amount is paid in respect to months in which claims have been paid, or for any months prior to the month the claim incurred.

This form and any supporting documentation needs to be received by Sun Life Assurance Company of Canada ("Sun Life") within 45 days of you becoming eligible for coverage. Exemption requests received after this time will not be considered.

If your alternate plan is approved for an exemption to UHIP, it is only valid for the current academic year from September 01 to August 31. Annual reconfirmation is required to ensure that no plan design changes have been made to your coverage.

Please note, that the completion of this form is not a guarantee of approval. Final acceptance of exemption is subject to the approval of the UHIP insurer (Sun Life).

Please PRINT clearly.

## 2 Member details (To be completed by the member)

University name		Policy number <b>50150</b>	UHIP member identification/Certificate number (if known)	
Name of plan sponsor (policy holder)		Full name of insurance company and policy number (if applicable)		
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) — —
Member's telephone number — —		Member's email address		
Canadian address (street number and name)			Apartment or suite	
City			Province	Postal code
Start date and end date of university From (dd-mm-yyyy)		To (dd-mm-yyyy)		
— —		— —		

### Authorization and signature of primary member

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.

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.

I agree that a photocopy of electronic version of this authorization shall be as valid as the original.

Member's signature X	Date (dd-mm-yyyy) — —
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### 3 Instructions

1. If you are covered with one of the pre-approved plans listed on [www.uhip.ca](http://www.uhip.ca), please provide valid proof of this coverage to your University UHIP Office and provide them with this completed form within 45 days of your UHIP eligibility date.
2. If your insurance plan is not listed under the pre-approved list, you may apply for an exemption directly from Sun Life. Your plan will be reviewed to ensure that it is at least equal to the UHIP plan.
3. Please ensure that you provide the following documentation in either English or French; otherwise you will be informed that the information you submitted is not sufficient and therefore you will be required to remain on UHIP. You (the requestor of the exemption) have the sole responsibility for obtaining the documents from your insurance provider and submitting to Sun Life. Any expense incurred to support this request for exemption is your responsibility. Given the confidential nature of your information, we will issue our response in writing.

All of the following documents must be submitted for review:

- Policy certificate containing full name of policy holder and date of eligibility
- Full policy details including limitations and exclusions in English or French
- Completed 'Request for Exemption from UHIP (Policy 50150)' form

### Respecting your privacy

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 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. 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, 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](http://www.sunlife.ca/privacy).

### Mailing instructions – please keep a copy for your records

Please email, fax or mail the completed form and supporting documents to International Student Claims:

Email: [case.mgmt@sunlife.com](mailto:case.mgmt@sunlife.com)

OR

Toll free fax: 1-866-291-9479

OR

Mail to:

Sun Life Assurance Company of Canada  
1 York Street,  
Toronto ON Canada  
M5J 0B6

Office use only	Date received (dd-mm-yyyy) — —
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