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.

Section 1: Certification details
a) Please make sure you read and understand section 1 before continuing.

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 middle) 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 address, including postal code, 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 application to be processed.

Section 3: Member authorization and signature
a) Please follow all the instructions and provide all the required documents that are listed.