



How to complete the Request for Refund or Refund Appeal Form

- Print clearly in pen, using block letters.
- Enter all dates numerically (4 numbers for year, 2 numbers each for month and day).
- Check appropriate box to indicate whether this is an initial request for refund or a refund appeal.
- Once completed, return the form to the UHIP®-UPA.



Request for UHIP® refund/ Refund appeal form



Policy number
Sun Life Assurance Company of Canada – 50150

Please check one of the following:

Initial request for refund Refund appeal

a 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 Health Insurance Plan (UHIP®) your basic health care solution" which can be found at www.uhip.ca.

Refunds are only available:

- You have paid for a full year of UHIP® and apply before March 1 or, for primary members who pay premiums on a single semester basis, you apply within 30 days of the cut off date for withdrawal from a course without receiving a grade.
- For complete calendar months of coverage, beginning the first of the month following the date that Sun Life receives the Request for Refund/Refund Appeal Form.

Refunds are not available for scheduled breaks between terms, if that is the only period for which you are applying for a refund.

Please PRINT clearly.

1 Member details (to be completed by member)

a	University name	Member ID #
b	Member's last name	First name
c	Date of birth (dd-mm-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female E-mail address
d	Canadian address (street number and name)	
	City	Province Postal code Telephone number

2 Reasons for the request for refund/refund appeal

a Please tick the box that identifies the reason for your refund request

voluntary withdrawal from academic program (provide proof of withdrawal from university showing withdrawal date)

withdrawal at the request of the university (provide proof of withdrawal from university showing withdrawal date)

completion of academic program: indicate completion date (dd-mm-yyyy) _____

eligible for OHIP (provide proof of coverage showing effective date)

UHIP® exemption granted by UHIP® insurer (provide copy of exemption approval letter)

applying for dependants who have left Canada: indicate the date left Canada (dd-mm-yyyy) _____

Other,

I authorize Sun Life Assurance Company of Canada (the insurer), its agents and service providers, and the UHIP® plan administrator to use the information in this form for the purpose of administration and processing my request for a refund.

b Member's signature: Date (dd-mm-yyyy):

Please return your completed form to your university UHIP® Plan Administrator.

3 To be completed by University UHIP® Plan Administrator

Shaded area to be completed by University UHIP® Plan Administrator

a What academic year is this refund request being applied for

September 1 _____ to August 31 _____	Date validated (dd-mm-yyyy) _____
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Refund requested for

Member Member and dependant(s) Dependant(s) only

Effective date of coverage (dd-mm-yyyy) _____	Expiry date of coverage (dd-mm-yyyy) _____
Premium paid to date by member \$ _____	Coverage to be terminated as of (dd-mm-yyyy) _____

University stamp

Form not valid unless stamped

INQUIRIES Telephone number: 1-877-250-8447 Fax number: 416-595-9528 E-mail: UHIP@sunlife.com

Monday to Friday
8:30 to 5pm E.S.T.

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.

a) Please make sure you read and understand this section before continuing

Section 1: Member details

- a) - University name
- Your UHIP® member identification number
- b) Your full name: last, first, and middle.
- c) - Date of birth
- Your gender
- Your email address
- d) Complete Canadian address, including postal code, and telephone number (or the International Student Advisor or the university Human Resources Department).

Section 2: Reason for the request for refund/refund appeal

- a) Select the reason you are requesting the refund or appeal (check only one)
- b) You must sign and date this section for your application to be processed

Section 3: To be completed by University UHIP® Plan Administrator

- a) For administrative use only