How to complete the UHIP Claim 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: UHIP member information
a) Provide the name of the University you are attending and your UHIP member identification number.
b) Provide your full name (last, first, and middle).
c) Provide your date of birth, gender, telephone number and email address.
d) Provide your Canadian address, including postal code.
e) Complete this section only if you have another insurance policy with Sun Life.

Section 2: Claimant information
The ‘claimant’ is the person who is receiving the medical service. All information under section 2 needs to be completed.

Section 3: Authorization and signature
If you have paid for the service (check off the box: Payment is to be made to the member), you need to sign your name under ‘member’s signature’ below. The completed claim form with proof of payment and the information in the statement of services (see section 5) may be mailed to the address listed at the bottom of the document. There is no web site service for members to submit their claims.

Section 4: Provider information
This section is to be completed by the Physician only if they do not provide a statement of services (an invoice with: a service date, description of service, OHIP procedure code (s), total claim cost and diagnosis or reason for visit).

Section 5: Statement of services
The Physician needs to complete this section in the absence of an invoice.
A provider (Physician) signature is required only in the absence of an invoice.