



UHIP[®] application form



Policy number
50150

Please check one of the following:

Member only application Member and dependant application Dependant only application

Please PRINT clearly.

1 Member information

Please advise the UHIP office at your University immediately of any changes in your status. This includes new address, phone number, addition of dependants, etc.)

University name		University ID number	
Last name	First name	Date of birth (dd-mm-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date arrived in Canada (dd-mm-yyyy)	E-mail address		
Canadian address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number
Coverage start date (dd-mm-yyyy)		Coverage end date (dd-mm-yyyy)	

2 Dependant information

If you have or will have eligible dependants living with you in Canada, they **must** be covered by UHIP[®]. Complete this section if you have dependants that need to be enrolled in UHIP coverage.

Spouse last name	Spouse first name	Date of birth (dd-mm-yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date arrived in Canada (dd-mm-yyyy)	Coverage start date (dd-mm-yyyy)	Coverage end date (dd-mm-yyyy)	

I confirm that my common-law or same-sex relationship has existed for at least 12 months.

Child last name	Child first name	Date of birth (dd-mm-yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date arrived in Canada (dd-mm-yyyy)	Coverage start date (dd-mm-yyyy)	Coverage end date (dd-mm-yyyy)	

Child last name	Child first name	Date of birth (dd-mm-yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date arrived in Canada (dd-mm-yyyy)	Coverage start date (dd-mm-yyyy)	Coverage end date (dd-mm-yyyy)	

Child last name	Child first name	Date of birth (dd-mm-yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date arrived in Canada (dd-mm-yyyy)	Coverage start date (dd-mm-yyyy)	Coverage end date (dd-mm-yyyy)	

Child last name	Child first name	Date of birth (dd-mm-yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date arrived in Canada (dd-mm-yyyy)	Coverage start date (dd-mm-yyyy)	Coverage end date (dd-mm-yyyy)	

