



Claim Appeal Form

**Instructions:**

Please complete this form in full and return it to the University Plan Administrator.

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

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.

Please PRINT clearly.

1 Appeal details

Date of appeal (dd-mm-yyyy) — —

I hereby appeal denial of the following claim:

Policy number Sun Life Assurance Company of Canada – 50150				
Member identification number		University name		
Claimant first name	Middle initial	Last name	Claim number <small>(see Explanation of Benefits form)</small>	Date of service (dd-mm-yyyy) — —
Reason for denial				
Reason for appeal				
Claim expenses being appealed				

2 Authorization and signature

IMPORTANT:
You must sign and date the form.

I hereby agree to disclose to Sun Life Assurance Company of Canada (the insurer) the names and addresses of all health caregivers/practitioners who have provided treatment in connection with this claim within the last six months, for the purpose of making a further assessment of my claim. *Please attach list.*

Based on this disclosure, I hereby authorize any licensed physician, medical practitioner, hospital, clinic, medical facility or organization that has records of or information pertaining to the above claim to release such records or information to the insurer, for its consideration of my claim appeal. A photocopy of this signed appeal and authorization shall be as valid as the original and shall continue to have effect through the duration of this appeal.

I will be happy to provide any additional information that may be required for my claim appeal.

Member's signature X		Date (dd-mm-yyyy) — —
Address (street number and name)		Apartment or suite
Telephone — —	E-mail address	