

Request for Exemption from UHIP® (Policy 150150)

1 Completing and submitting a request for exemption

Complete this form **only** if you are a **government sponsored student/worker**. This means that your government is paying for your education, living expenses and has purchased a health care policy for you while you are actively participating in school. If you hold publicly funded government insurance from your home country, you do **not** meet the criteria for applying for an exemption.

You must also submit:

- ☐ Your insurance policy certificate containing full name of insurance policy holder and date of eligibility
- ☐ A copy of your **full** insurance policy details including limitations and exclusions

If you have **diplomatic status** or a **pre-approved plan** listed on www.uhip.ca, please visit your university international office or human resources office and provide proof of your status and medical coverage.

If none of the above applies to you, then you are **NOT** eligible to apply for an exemption and must remain enrolled in UHIP.

Important information to know before applying for an exemption:

- You must submit your request within 45 days of your UHIP eligibility date.
- You are responsible for gathering all information that Cowan Insurance Ltd. requests in **only** English or French.
- Your application does not guarantee an exemption from UHIP.
- While waiting for Cowan Insurance Ltd.'s decision, you must remain enrolled in UHIP and pay the required premium.
- All exemption decisions are valid only for that academic year.
- If Cowan Insurance Ltd. approves your exemption, your University may give you a refund.

2 Member details (To be completed by the member)

University name		Policy number 150150	University ID/Certificate number (if known)
Name of plan sponsor (policy holder)		Full name of insurance company and policy number (if applicable)	
Member's last name	Member's first name	Date of birth (dd-mm-yyyy) — —	
Dependant's last name (attach additional names if necessary)	Dependant's first name	Date of birth (dd-mm-yyyy) — —	

By providing my email address, I am authorizing Cowan and Manulife to communicate with me about my file by email. I acknowledge that correspondence by email may contain personal information including, but not limited to medical, employment and financial information. Cowan and Manulife cannot guarantee integrity and security of information transmitted by email. I also acknowledge that Cowan and Manulife will not be responsible or liable for any loss or damages I may incur if I communicate/exchange confidential or other personal information with Cowan and Manulife by email.

University email address (personal email not accepted)	
Member's telephone number — —	Start date and end date of university From (dd-mm-yyyy) — — To (dd-mm-yyyy) — —

Authorization and signature of primary member

If my exemption request is accepted, I understand that my dependants (if listed above) and I will not be insured by UHIP and cannot claim against the university listed above or Manulife or Cowan Insurance Ltd.

I certify that the information I provided above is true and complete. I authorize Manulife or Cowan Insurance Ltd., its agents and service providers to collect, use and disclose information needed for underwriting, administration and adjudicating claims under this Plan with any person or organization that has relevant information pertaining to this application including health professionals, institutions, investigative agencies, insurers and reinsurers.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Member's signature X	Date (dd-mm-yyyy) — —
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Respecting your privacy

We know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to:

- our employees and service representatives in the performance of their jobs;
- persons to whom you have granted access; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

I acknowledge that more detailed information concerning how and why Manulife and/or Cowan collects, uses and discloses my personal information is available at www.manulife.ca/planmember, or www.cowangroup.ca/home/privacy-policy/.

Mailing instructions – please keep a copy for your records

Please send the completed form and supporting documents to:

Fax: 613-741-7771

Email: UHIP.admin@cowangroup.ca

OR

Mail to:

Cowan Insurance Ltd.
700-1420 Blair Place
Ottawa ON K1J 9L8

Tel.: 1 833-377-UHIP (1 833-377-8447)

Office use only	Date received (dd-mm-yyyy) — —
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