



# How to complete the Application Form

- ✓ Print clearly in pen, using block letters.
- ✓ Check appropriate box to indicate type of application (for example, student and dependent employee and dependent, etc.).
- ✓ Enter all dates numerically (4 numbers for year, 2 numbers each for month and day).
- ✓ Once completed, return the form to the UHIP®-UPA.

1. University name and student or member identification number.
2. Full name: last, first and middle
3. Date of birth (make sure the current date is not entered by mistake).
4. Your sex
5. Coverage for one, two, or three or more persons
6. Complete Canadian address, including postal code, and telephone number (or the International Student Advisor or the university Human Resources Department).
7. Effective date of your coverage.
8. Number of months for which coverage is required.
9. Effective date of your family's coverage.
10. Number of months for which family coverage is required.
11. Each dependent listed by name (last, first, and middle), including relationship to the member, sex, and date of birth (make sure the current date is not entered by mistake).
12. Box checked to confirm that common-law or same-sex relationship has existed for at least 12 months.
13. "Request for Waiver" section completed by:
  - those who are members of one of the pre-approved plans, or
  - those wishing to have their coverage recognized.
14. Proof of coverage under one of the pre-approved plans submitted and reviewed and "Request for Waiver" section signed by UHIP®.
15. "Authorization" signed and dated even if coverage is being waived.



## Application Form



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

Policy numbers  
**Sun Life Assurance Company of Canada – 50150    American Home Assurance Company – SRG9114277**

**Please check one of the following:**

Student and dependent application     Employee and dependent application     Post-doctoral fellow application  
 Extension of coverage     OHIP waiting period     Dependent or late dependent application  
 Change of information

Your privacy is important to us. To view Sun Life Financial's privacy policy please refer to [www.sunlife.ca](http://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](http://www.uhip.ca)

Please PRINT clearly.

### 1 Personal information

**Important note:**  
 Please advise Sun Life Financial or your UPA immediately of any changes in your status. This includes new address, phone number, addition of dependents, etc.)

University name **1**    Member identification number  
 Family name **2**    First and middle names  
 Date of birth (d/m/y) **3**    Sex  Male  Female **4**    Coverage needed **5**  
 One person     Two persons     Three or more persons  
 Country of origin    Email address  
**6** Canadian address (street number and name, apartment or suite)  
 City    Province    Postal code    Telephone #  
 Member's effective date of coverage (d/m/y) **7**    Number of months of coverage required **8**    Dependent's effective date of coverage (d/m/y) **9**    Number of months of coverage required **10**

### 2 Dependent information

If you have or will have eligible dependents living with you in Canada, they must be covered by UHIP® or a recognized plan. Provide required information on additional dependents on an attached sheet.

Family name <b>11</b>	First and middle names	Relationship		Sex		Date of birth		
		Spouse	Child	Male	Female	Day	Month	Year
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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

### 3 Request for waiver

Please attach a Request for UHIP® exemption form with your application.

Plan covered under: **13**  
 Name of plan **14**

I am covered under the above plan, but my dependents require coverage under UHIP®.  
 I and my dependents are covered under the above plan.  
 If you are not covered under a recognized plan, you must first pay the full premium for UHIP® coverage, and then apply for an exemption. If the plan named above of which you are a member, is recognized, you may then apply for a refund of UHIP® premium.

Proof of coverage under a pre-approved plan reviewed  
 University UHIP® plan administrator's signature

**Shaded area to be completed by university UHIP® plan administrator**

### 4 Authorization and signature

I declare that my answers in this application are true and complete and I understand that concealment, misrepresentation and false declaration concerning this application will cause the insurance to be void.

I authorize Sun Life Assurance Company of Canada and American Home Assurance Company (the insurers), their agents and service providers and the UHIP® plan administrator to use and exchange relevant information about me in connection with this application, for the purposes of underwriting, administration and adjudicating claims under this insurance coverage. The insurers are committed to keeping this information confidential.

I understand that UHIP® is compulsory and I am responsible for enrolling my dependents on my date of arrival. If, however, my dependents arrive at a later date, I must enroll them within 30 days of their date of arrival in Canada. Otherwise, I will have to pay a late application fee of \$500 and premiums retroactive to their date of arrival. I confirm that I am authorized to disclose information about my spouse and dependents in order to enroll them in this plan.

I further understand that the coverage I have indicated on this form will be assumed to hold true for the duration of my program of studies at the university, unless I communicate to Sun Life Assurance Company of Canada any change to my personal situation that would require adjustment of my premium (e.g. addition of dependents).

By signing below, I release the University from any responsibility for any undeclared dependents and for health care costs incurred by me or any of my dependents that are not eligible for reimbursement by UHIP® or a pre-approved plan. I understand that the University will accept no financial liability for any such costs.

A photocopy or electronic version of this authorization is as valid as the original and will remain in effect for the duration of my coverage under the UHIP® Plan.

Member's signature     Date (d/m/y) **15**

### 5 Temporary proof of coverage

**Shaded area to be completed by university UHIP® plan administrator**

Standard enrolment		
Effective date of coverage (d/m/y)	Coverage termination date (d/m/y)	Premium paid/owing \$
Expiry date of temporary proof of coverage (d/m/y)	Name of person issuing temporary proof of coverage	Signature of person issuing temporary proof of coverage X
Late entrant/dependent enrolment		
Date from which retroactive premium is due (d/m/y)	Late application fee of \$500 (dependent enrolment only)	\$500
Date validated (d/m/y)	Retroactive premium (premium rates in effect at time of application)	\$
University stamp	Prepremiums for remaining period of current academic year	\$
<b>Total premium due</b>		<b>\$</b>

**INQUIRIES** Toll free: 1-866-500-UHIP (8447), Monday to Friday 7:00 to 20:00 Eastern Standard Time  
 E-mail: [askus@sunlife.com](mailto:askus@sunlife.com)

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

Form not valid unless stamped

SM-083-03-09    White copy – Member, Yellow copy – Sun Life Assurance Company of Canada, Pink copy – University UHIP® Plan Administrator