



Instructions on how to complete a UHIP Claim Form

1. Please print clearly in pen using block letters.
2. Please ensure you have a claim form at each provider visit.
3. Section 1-3 must be completed by the member clearly indicating if reimbursement is to be made to the member or the provider.
4. Section 4-5 must be completed by the provider with the diagnosis clearly indicated.
5. Attach all ORIGINAL bills from the provider or RECEIPTS indicating you have paid the provider in full. Please note that photocopied bills or receipts are not acceptable.
6. Remember to indicate your member identification number and ensure you sign and date the AUTHORIZATION section of the form.
7. Forms should be mailed to address listed on the claim form.
8. All claim inquiries can be directed to:
Sunlife Assurance Company of Canada
Toll Free: 1-866-500-UHIP (8447) or email at: askus@sunlife.com