



How to complete the Request for Refund or Refund Appeal Form

- ✓ Print clearly in pen, using block letters.
- ✓ Enter all dates numerically (4 numbers for year, 2 numbers each for month and day).
- ✓ Check the appropriate box to indicate whether this is an initial request for refund or a refund appeal
- ✓ Once completed, return the form to the UHIP®-UPA.

1. University name and your identification.
2. Your full name: last, first, and middle.
3. Date of birth (make sure you don't enter the current date by mistake).
4. Your sex.
5. Your Canadian address, including postal code and telephone number.
6. Read the description carefully, and proceed only if you meet the criteria given.
7. The reason you are requesting the refund or appeal.



Request for refund/ Refund appeal form



Language of preference:
 English French

Please check one of the following:
 Initial request for refund Refund appeal

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

Please PRINT clearly. 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.

1 Personal information

University name 1		Member identification number	
Family name 2		Date of birth (d/m/y) 3	
First and middle names		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 4	Email address
Canadian address (street number and name, apartment or suite) 5			
City	Province	Postal code	Telephone #

2 Eligibility

Refunds are only available:

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- You have paid for a full year of UHIP® and apply before March 1 or, for primary members who pay premiums on a single semester basis, you apply within 30 days of the cut off date for withdrawal from a course without receiving a grade.
- For complete calendar months of coverage, beginning the first of the month following the date the Sun Life receives the Request for Refund/Refund Appeal Form.

THE PROOF-OF-COVERAGE CARD(S) MUST BE RETURNED WITH THIS FORM.
 Refunds are not available for scheduled breaks between terms, if that is the only period for which you are applying for a refund.

3 Reasons for the request for refund/refund appeal

Proof of coverage card must be returned to Sun Life in order for this request to be considered.

Please tick the box that identifies the reason for your refund request

voluntary withdrawal from academic program (provide proof of withdrawal from university showing withdrawal date)

withdrawal at the request of the university (provide proof of withdrawal from university showing withdrawal date)

completion of academic program Completion date (d/m/y)

eligible for OHIP (provide proof of coverage showing effective date)

UHIP® exemption granted by UHIP® insurer Date left Canada (d/m/y)

applying for dependents who have returned home before me

Other, Please describe

4 To be completed by University UHIP® Plan Administrator

Shaded area to be completed by University UHIP® Plan Administrator

Proof-of-coverage card enclosed

Date validated (d/m/y)

Refund requested for

One person Two persons Three or more persons

Premium paid to date by member \$	Effective date of coverage (d/m/y)
Expiry date of coverage (d/m/y)	Coverage to be terminated as of (d/m/y)

University stamp

Form not valid unless stamped

INQUIRIES Tel. # 1-866-500-UHIP (8447) Monday to Friday, 7h00 to 20h00 E.S.T. Fax # 416-595-9528 E-mail askus@sunlife.com

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

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

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