

# How to complete the Certification for UHIP® Exemption 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 the type of application (initial request for recognition or annual reconfirmation).
- ✓ Read the introduction carefully, and follow the instructions.
- ✓ Once the form is completed, send a photocopy to the UHIP® insurer at the address on the form.

1. University name.
2. Date you are submitting the Certification for UHIP® Exemption
3. Complete name of the organization that sponsors the insurance program of which you are a member (if there is one), and the insurance company
4. Your full name: last, first, and middle, and the full names of your family members (if they are also covered by the plan for which you are requesting recognition).
5. Your Canadian address, including postal code.
6. Your student or employee identification number.
7. Your telephone number.
8. Date that your protection under the other plan begins and ends (make sure you don't enter the current date by mistake).



## Certification for UHIP® Exemption



Please check one of the following:

- Initial request for recognition
- Annual reconfirmation

Please PRINT clearly.

Policy numbers

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

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).

### 1 Certification details

Note: Completion of this form does not necessarily guarantee exemption from UHIP®. Final acceptance of determination of at least equal coverage is subject to the approval of the UHIP® insurer.

The University Health Insurance Plan (UHIP®), insured by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies and American Home Assurance Company (the insurers), is a program that provides basic coverage for most medically necessary services and supplies covered by the Ontario Health Insurance Plan (OHIP). Participation in UHIP® is compulsory for all members and dependents, unless they can demonstrate – by completion of this form – that they have **group health and medical coverage under a plan that is recognized as at least equal to the coverage provided under UHIP®**. The compulsory nature of UHIP®, as well as the comparable requirements described, is intended to ensure that all universities are held harmless for any claims that are eligible for reimbursement under UHIP®, as indicated in the plan summary on the reverse side.

You must enrol in UHIP® while applying for recognition of existing coverage. All requests for recognition must be received by the insurer **no more than 30 days after you enrol in UHIP®**. If your plan is recognized, 100% of the UHIP® premium paid will be reimbursed, less any claims against the plan. Annual reconfirmation is required to ensure that no plan design changes have been made to your coverage even if you previously received recognition of at least equal coverage.

Complete Section 1 in full and send a photocopy of this form to the insurer at the address below. Send the original of the form to your plan sponsor. Section 2 must be completed and signed by an authorized officer of your plan sponsor's organization, and an authorized officer of the insurance company. **Complete plan details must accompany this form, including all plan limits and exclusions.**

### 2 Member details (To be completed by member)

University name		Date request submitted (d/m/y)	
Name of plan sponsor (policyholder) and insurance company			
Member Name	Date of birth (d/m/y)		
Dependents Name	Date of birth (d/m/y)		
Canadian address of member (street number and name, apartment or suite)			
City	Province	Postal code	
Member ID #	Member telephone #		
Effective dates of other coverage		From (d/m/y)	To (d/m/y)

# Certification for UHIP® Exemption

- 9. Your signature.
- 10. Send a copy of the form for completion to the organization that sponsors the insurance program of which you are a member (if there is one), and one to UHIP® insurer, at the address on the form, no more than 30 days after you join UHIP®.

### 3 Member authorization and signature

**IMPORTANT:**  
You must sign and date the form.

I authorize Sun Life Assurance Company of Canada and American Home Assurance Company, their agents and service providers, to use this form for the purpose of benefits administration and to assess my request for an exemption from this coverage. The authorization is valid for the duration of the exemption assessment and thereafter during any coverage provided to me under the plan.

Member's signature X <b>9</b>	Date (d/m/y)
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### 4 Plan sponsor authorization and signature (To be completed by plan sponsor (policyholder) and insurance company)

This is to certify that the above individuals have group health and medical insurance coverage that is at least equal to the coverage provided under UHIP® (plan summary on reverse side), which coverage will be effective throughout the period indicated above. Coverage is provided under Policy issued by \_\_\_\_\_, an insurance company licensed under the laws of \_\_\_\_\_. Full premiums for the period indicated above have been received from or on behalf of the above individuals. **Complete details (in English or French) of all benefits provided under Policy relating to the above individuals are attached.**

Should the above individuals incur medical or health expenses during the period indicated above that would have been covered by UHIP® had the individuals been enrolled therein, it is agreed that such expenses will be a liability of and be paid for either by the insurance coverage described herein, or in default of insurance being available, by the plan sponsor (policyholder). The plan sponsor agrees to hold harmless any university attended by the applicant against any contingent liabilities whatsoever.

**Plan sponsor (policyholder)**

**10**

Signature of authorized officer X	per (Name of plan sponsor (policyholder))
Name (please print)	Corporate seal
Title	
Telephone number	
Address (street number and name, apartment or suite)	

**Insurance company**

Signature of authorized officer X	per (Name of insurance company)
Name (please print)	Corporate seal
Title	
Telephone number	
Address (street number and name, apartment or suite)	

**Return completed form to**  
Sun Life Assurance Company of Canada  
Association & Affinity Business  
PO Box 4097 Station A  
Toronto ON  
M5W 2Z5 CANADA

**For more information,**  
contact Sun Life Assurance Company of Canada at  
• toll free 1-877-250-UHIP (8447)  
• e-mail askus@sunlife.com

**Hours of operation from Monday to Friday**  
7h00 to 20h00 Eastern Standard Time

**Office use only**

Date received (d/m/y)
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