



# 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)

### 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	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)**

Signature of authorized officer X	per (Name of plan sponsor (policyholder))
Name (please print)	<b>Corporate seal</b>
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)	<b>Corporate seal</b>
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)

The University Health Insurance Plan (UHIP®) covers the cost of the supplies and services listed below, as long as they are medically necessary to treat an illness or injury, to a maximum of \$1,000,000 a year for each member.

### Hospital services\* in Ontario\*\*

#### Emergency room services and out-patient charges

- emergency hospitalization in standard ward accommodation (including meals), at 100% for the first four days and to a maximum of 2.5 times the hospital's interprovincial rate for each day thereafter
- non-emergency hospitalization in standard ward accommodation (including meals) to a maximum of 2.5 times the hospital's interprovincial rate
- semiprivate or private accommodation, when medically necessary and certified in writing by the attending physician
- use of the operating and delivery rooms (including anaesthetic and surgical supplies), diagnostic facilities and respiratory equipment, home renal dialysis or home hyperalimentation equipment
- services rendered by any person paid by the hospital
- elective surgical procedures (physician or surgeon must submit a treatment plan with full details, preferably a few weeks in advance, so UHIP® may determine what expenses will be covered)

\*A preferred provider network of hospitals is in effect throughout Ontario. To ensure full reimbursement, please visit the UHIP® website at [www.uhip.ca](http://www.uhip.ca) for complete hospital listing.

### Physician services in Ontario\*\*

Physicians' services, when medically necessary, will be paid up to a specified percentage of the government of Ontario (OHIP) schedule of fees published by Ontario.

- physicians' and specialists' services at home, in a hospital or institution, or in the physicians' office
- one annual health examination
- diagnosis and treatment of illness and injury
- surgery, including the administration of anaesthetics
- care related to pregnancy (prenatal and postnatal), even if pregnancy began before arrival in Ontario

### Other services

For all other services listed below, benefits are paid according to the government of Ontario schedule of fees.

#### Diagnostic laboratory and X-ray services:

X-rays for diagnostic and treatment purposes, laboratory services, and clinical pathology, authorized by a doctor and performed in an approved laboratory

**Ambulance:** the cost of land and – with prior approval – air ambulance to the nearest available hospital, when authorized by a doctor or a designated hospital official (those using an ambulance may have to pay a portion of the cost, as defined by OHIP)

**Vision care:** charges for each covered person under age 20 or 65 and over, once in any consecutive 12 month period

**Services of other practitioners:** treatment which currently includes but may not be limited to osteopath or podiatrist, to the same levels and under the same conditions as Ontario government health coverage

#### Emergency services outside Ontario or

**Canada:** emergency hospitalization and medical care outside Ontario or Canada, to the same levels and under the same conditions as Ontario government health coverage (if travelling outside of Canada while you are covered under UHIP®, you should purchase additional insurance coverage before you leave as significant out of pocket expenses may be incurred. Refer to the UHIP® website for additional information at [www.uhip.ca](http://www.uhip.ca))

**Home care:** when a professional health service is needed and needs cannot be met on an out-patient basis, with a doctor's authorization and prior approval of the insurer

#### Medically necessary dental care in

**hospital:** dental surgery performed by a dental surgeon, when hospitalization is judged medically

**Repatriation:** Sun Life will pay up to \$20,000 for eligible expenses for the repatriation of a terminally ill covered person, or the remains of a covered person in the case of death, to the covered person's home country as set out in this provision. In all circumstances, expenses will be eligible for reimbursement only to the extent that such expenses are considered reasonable by Sun Life compared to customary charges for such services. Sun Life must pre-approve all repatriation costs. For further details refer to the UHIP web site at [www.uhip.ca](http://www.uhip.ca)

### UHIP® does not cover:

- physicians' and hospitals' charges above those set out in the group policy
- services not currently provided by OHIP. Changes to OHIP will not be adopted unless approved by the UHIP Steering Committee
- charges incurred by a covered person for which he/she is entitled to obtain benefits or reimbursement under any other plan, or which would be provided without charge in the absence of this coverage
- cosmetic surgery, unless required because of an accident that occurs while the person is covered under UHIP®, in which case coverage would be provided to the same levels and under the same conditions as OHIP
- medical examinations and tests required for immigration purposes or by a third party
- expenses for travelling time or mileage, or advice given by telephone
- court testimony, preparation of records, reports, certificates, or communications
- group examinations, immunizations, or inoculations unless also covered by OHIP
- physicians' services or examinations for screening, except those covered by OHIP surveys or research purposes
- laboratory services or clinical pathology, unless specifically included above
- acupuncture procedures
- eyeglasses, frames, or contact lenses
- private-duty nursing, except under Home Care
- hospital visits solely for administration of drugs
- drugs, whether prescribed or not (unless administered during a hospital stay)
- dental care services (except those specified above)
- funeral and burial expenses, in case of death of a covered person