



# 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](http://www.sunlife.ca) or to the UHIP® booklet “University Heath Insurance Plan (UHIP®) your basic health care solution” which can be found at [www.uhip.ca](http://www.uhip.ca).

1

Personal information

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

2

Eligibility

Refunds are only available:

- 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.

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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

I authorize Sun Life Assurance Company of Canada (the insurer), its agents and service providers, and the UHIP® plan administrator to use the information in this form for the purpose of administration and processing my request for a refund.

Member's signature  
X

Date (d/m/y)

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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 bew terminated as of (d/m/y)

University stamp

Form not valid unless stamped