

Instructions on how to complete a UHIP Claim Form

- Print clearly in pen, using block letters.
- Enter all dates numerically (4 numbers for year, 2 numbers each for month and day) in the format yyyy/mm/dd.

STEP 1: Fill out section 1.

1 UHIP member information					
University name a)		Policy number 50150		UHIP member identification number b)	
Last name c)		First name c)		Middle name c)	
Date of birth (dd-mm-yyyy) d)	Gender d) <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone number d)	Email address d)		
Canadian address (street number and name) e)					Apartment or suite e)
City e)				Province e)	Postal code e)
Do you or your dependents have additional Health coverage with Sun Life Assurance Company of Canada? f)					
<input type="checkbox"/> Yes If yes, please provide		Policy number	Member identification number		
<input type="checkbox"/> No					

- Provide the name of the university, i.e., York University.
- Provide your member ID. This is YU+your student number.
- Provide your full name (last, first, and middle).
- Provide your date of birth, gender, telephone number, and email address.
- Provide your Canadian address. NOTE: This address is where Sun Life would send you a cheque and it cannot be a P.O. box address.
- This part asks whether you have any other policies with Sun Life. If you are a TA at York, you may have an extended health plan with Sun Life. In that case, you may provide that plan's policy number and member ID. Otherwise, select "no".

STEP 2: Fill out section 2

2 Claimant information		
Last name a)		First name a)
Date of birth (dd-mm-yyyy) b)	Relationship to UHIP member c) <input type="checkbox"/> Member <input type="checkbox"/> Son <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter	

- Provide your last name and first name.
- Provide your date of birth.
- The "claimant" is the person who is receiving the medical service. If you are filing the claim for yourself, select "member". Otherwise, select which dependent you are filing the claim for.

STEP 3: Fill out section 3

3 Authorization and signature (continued)	
Important	
Check one of the following boxes:	
<input type="checkbox"/> Payment is to be made to the member (Member signature is required below). Enclose all receipts (proof of payment) with your submission and keep a copy for your records. a)	
<input type="checkbox"/> Payment is to be made directly to the provider (Member signature NOT required) b)	
Member's signature X	Date (dd-mm-yyyy)

- If you have paid and got a receipt from the clinic/hospital/lab, then check off the first box: Payment is to be made to the member. Then, sign and date.
- If you received an invoice from the hospital, then check off the second box: Payment is to be made directly to the provider. You do not need to sign and date.

STEP 4: Section 4

4 Provider information				
Section 4 and 5 requires completion in the absence of an invoice with all the same information present. Any missing information will result in a declined claim.				
Clinic/Hospital or Lab name		Physician's name		
Address of provider (street number and name)				Apartment or suite
City	Province	Postal code	SLF Provider ID number (if known)	Telephone number

- Usually the receipt or invoice will have provider's address listed on it. If it doesn't, then fill out this section. Otherwise, you do not need to fill it out.

STEP 5: Fill out section 5

5 Statement of services				
This section needs to be fully completed in the absence of an invoice with the same information.				
Service date (dd-mm-yyyy)	Description of service	OHIP procedure code (plus time units, if applicable)	Total Claim Cost	Diagnosis or reason for visit
			\$	
			\$	
			\$	
I declare that the above is a correct statement of the services rendered.				
Provider's signature (A signature is required only in absence of an invoice)				Date (dd-mm-yyyy)
X				

- In this section, the most important piece of information you will need is the "OHIP procedure code". Sun Life needs this information to assess the reimbursement. If this information is missing, your claim will be denied!
- To obtain the OHIP procedure code, you must call the clinic/hospital/lab or go in person. You can let them know that you need it for insurance purposes.
- Once you receive this information, fill it out under the "OHIP procedure code" column.
- Also, fill out the service date and the reason for visit. The reason for visit does not need to be anything official, just put down whatever your reason for visit was.

STEP 6: Make a copy of the claim form and your receipt(s)/invoice(s). This copy will be for your own records.

STEP 7: Attach the original receipt/invoice to the original claim form and mail it to the address listed at the bottom of page 2 of the claim form.

Please mail completed form and supporting documents to:

Sun Life Assurance Company of Canada
 Claims Department
 PO Box 2015 STN Waterloo
 Waterloo ON N2J 0B1

Questions?

- Visit <http://uhip.ca/Claim> for more information
- 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