# University Health Insurance Plan (UHIP)
# Enrolment Form

PLEASE PRINT CLEARLY:
Complete and return to the front desk of the ISSO, 128 University Centre, Carleton University

**A.** Student/Employee Number:_____

Family Name: _____ First Name: _____

Date of Birth: _____ Gender: ❑ Male ❑ Female
(dd/ mm/ yy)

Ottawa Address:_____

_____Postal Code: _____

Phone Number: ( _)_____ Carleton email Address: _____

**B. Complete this section only if your dependents (spouse and/or children) are with you in Canada:**

❑ Extending coverage for dependents whose UHIP will be expiring

❑ New arrivals:
Dependents' date of arrival in Canada: _____ Length of Coverage Requested: _____ month(s)
(YYYY/MM/DD)

***Please print clearly***

| Family Name | First Name | Relationship Spouse | Relationship Child | Gender M/F | Date of Birth YYYY/MM/DD |
|---|---|---|---|---|---|
| | | ❑ | ❑ | | |
| | | ❑ | ❑ | | |
| | | ❑ | ❑ | | |
| | | ❑ | ❑ | | |
| | | ❑ | ❑ | | |

**C.** I am a: ❑ International Student with domestic status/paying domestic fees
- ❑ Adding dependents
- ❑ Visiting Researcher/Student/Professor/Employee/Post Doc (must provide proof)
- ❑ OHIP waiting period (must provide proof)
- ❑ Diplomatic Status/Domestic Fees/Grandfathered
- ❑ Graduation pending
- ❑ Other (explain) _____

I declare that my answers in this application are true and complete and I understand that concealment, misrepresentation and false declaration concerning this application will cause the insurance to be void.

I authorize Sun Life Assurance Company of Canada (the insurer), its agents and service providers and the UHIP® plan administrator to use and exchange relevant information about me in connection with this application, for the purposes of underwriting, administration and adjudicating claims under this insurance coverage. The insurer is committed to keeping this information confidential.

I understand that UHIP® is compulsory and I am responsible for enrolling my dependents on my date of arrival. If, however, my dependents arrive at a later date, I must enroll them within 30 days of their date of arrival in Canada. Otherwise, I will have to pay a late application fee of $500 and premiums retroactive to their date of arrival. I confirm that I am authorized to disclose information about my spouse and dependents in order to enroll them in this plan.

By signing below, I release the University from any responsibility for any undeclared dependents and for health care costs incurred by me or any of my dependents that are not eligible for reimbursement by UHIP® or a pre-approved plan. I understand that the University will accept no financial liability for any such costs.

A photocopy or electronic version of this authorization is as valid as the original and will remain in effect for the duration of my coverage under the UHIP® Plan. Personal information collected through this form will be used and disclosed by Carleton University under the authority of the *Carleton University Act, 1952,* and in accordance with sections 39, 41 and 42 of Ontario's *Freedom of Information and Protection of Privacy Act*. The purpose of this processing is enroll you into the University Health Insurance Plan (UHIP).

The information will be used internally by International Student Services Office to manage the plan. Some information will be disclosed to SunLife Financial, the insurance plan administrator, in order for you to process benefits claims.

If you have any questions about the processing of personal information by the International Student Services Office, please contact the Manager, Privacy & Access to Information, by phone at 613-520-2600 ext. 2047 or by e-mail via University_Privacy_Office@carleton.ca.

_____ _____

Date Member's Signature

***For Office Use Only***

Premium Paid/Owing: _____ ❑ on account ❑ Cheque ❑ money order ❑ FAST

Effective Date of Coverage: _____ Termination date: _____

Length of Coverage _____ (months)

Number of Dependents: _____

Registered in Courses: ❑ Yes ❑ No

SAR Adjusted/SZAUHIP: ❑ Yes ❑ No Initials_____ Entered on PSS: ❑ Yes ❑ No Initials_____

❑120 (Student PRA) ❑ 121 (Staff PRA)

Date processed: _____ Staff member: _____