



UHIP Application – Pre-Approved Health Care Plans (OHIP Coverage)

This form is for use by international students who have OHIP coverage and returning Canadians who require UHIP coverage during the OHIP waiting period.

Student Number: _____

Family Name: _____

Given Name(s): _____

Please complete only (a) or (b).*

(a) Please read the following and sign below if you have OHIP coverage and are applying for a **UHIP exemption****.

By signing this form, you release the University of Toronto, the Centre for International Experience and the University Health Insurance Plan from any health coverage obligations. You also declare that you are aware that you will not be eligible for any services covered by UHIP during the period for which you have an exemption.

Student Signature: _____

Date Signed: _____

(b) Please read the following and sign below if you are a **returning Canadian** and are applying for UHIP coverage.

By signing this form, you agree to the terms and conditions as outlined in the UHIP policy. You will be responsible for the payment of the UHIP premium for the period for which you have UHIP coverage. The UHIP premium will be calculated monthly at a rate of \$57.00/month.

Student Signature: _____

Date Signed: _____

UHIP OFFICE ONLY

UHIP FEE Amount: \$_____

Staff Member: _____

UHIP Office Stamp

*Please return the completed form to the UHIP office together with a **photocopy of your TCard and proof of OHIP coverage**.

**This form must be submitted to the UHIP office immediately upon/prior to receiving OHIP coverage.