



UHIP Application – Off-Campus Status Exemption (SGS)

Please return the completed form to the UHIP office together with a photocopy of your TCard. This form must be submitted to the UHIP office by the 30th of the month in which Off-campus status begins.

Student Number: _____

Family Name: _____

Given Name(s): _____

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 during the period for which you are off campus. 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: _____

UHIP OFFICE ONLY	
Waiver Amount: \$	_____
Staff Member:	_____

UHIP Office Stamp	

FOR THE EXCLUSIVE USE OF THE REGISTRAR'S OFFICE/DEPARTMENT ADMINISTRATOR/ SGS

The above named student will be off-campus from _____ [start date] to _____ [end date].

Name: _____ (please print)

Signature: _____

Department/Faculty and Position Title: _____