

UHIP Waiver Form – Pre Approved Plans (OHIP Coverage)



This form is for use by international students and permanent residents who have OHIP coverage and returning Canadians who require UHIP coverage during the OHIP waiting period for the **Academic Year 2021-2022**.

Student Number: _____

Family Name: _____

Given Name(s): _____

U of T Email Address: _____ Phone Number: _____

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. You will be reimbursed UHIP monthly fees only from the date by which you submit this form.

Student Signature: _____

Date Signed: _____

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

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 \$63.00/month.

Student Signature: _____

Date Signed: _____

Please attach photocopies of the following:

- your TCard
- proof of OHIP coverage/confirmation of eligibility for OHIP coverage from Services Ontario.

| UHIP OFFICE ONLY | |
|-----------------------------------|----------|
| Received by: | _____ |
| UHIP FEE Amount to be billed: | \$ _____ |
| Approved by: | _____ |
| _____ <i>UHIP Office Stamp</i> | |