



Personal Information:

This form is for use by dependents of international students who are applying for UHIP fee refund.

First name		Last name	
Dependent Member ID		Date of birth	
Canadian mailing address			
City	Province	Postal Code	Email address

Minor Dependent Information:

Please complete this section if you are applying for minor dependents refund.

Child first name	Child last name	Date of birth
Child first name	Child last name	Date of birth
Child first name	Child last name	Date of birth
Child first name	Child last name	Date of birth
Child first name	Child last name	Date of birth

Reason for requesting UHIP refund:

Please tick the box that identifies the reason for your UHIP refund request.

☐ Eligible for OHIP (provide proof of coverage)

☐ Leaving Canada

Date left Canada

☐ Pre-approved health Plan (provide proof of coverage)

☐ Other

Dependent Signature	Date
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To be completed by UHIP Office

Date validated	
Refund requested for	
<input type="checkbox"/> One Person	<input type="checkbox"/> Two Persons
<input type="checkbox"/> Family	
UHIP fee paid	Effective date of coverage
Expiry date of coverage	Coverage to be terminated as of
Refund Amount:	