



UHIP Plan Administrator Toolkit

Life's brighter under the sun

Sun Life Assurance Company of Canada is the insurer
and a member of the Sun Life Financial Group of Companies.





Table of Contents

Member Eligibility	2
Non-Resident Person in Ontario	2
Out-of-Country Employees	2
Non-Resident Students Abroad	2
Non-Resident ESL or Non-Degree Students	3
Canadian citizens without Provincial coverage	3
Eligible Dependents	3
Ineligibility	3
Plan Sponsor Services (PSS).....	4
How to access & navigate PSS	4
Adding new member coverage (No previous record)	5
Update a member record: existing record with active or inactive coverage	8
View a member record and print member coverage card: existing record with active or inactive coverage	10
Special requests	10
Bulk printing of coverage cards	12
Add/update batch option	12
Full batch option	13
How to retrieve the scheduled reports	13
UHIP Invoice Reconciliation.....	14
Overview of invoice tabs	14
Statement of account	15
PSS Invoice	16

Refund Process	17
Who is eligible for a refund?	17
What is Considered an Administrative Error?	17
How are refund amounts calculated?	18
Refund calculation examples	18
Submitting and receiving refund requests	18
Supporting documentation required to support refund request	19
Refund request spreadsheet for multiple refunds	19
How to complete the refund request spreadsheet	20
Individual refund requests	21
How to Process a Request for an Exemption to UHIP.....	22
Leave of Absence.....	24
UHIP Coverage Card	25
What Triggers a UHIP Coverage Card	25
Getting your UHIP coverage card is as easy as checking your email	26
Frequently Asked Questions	28
UPA Administration & Billing Guidelines	31
Administration & Premium Collection Guidelines	31
Enrolment	31
Exemptions	32
Leave of absence	32
Premium Billing, Collection & Reconciliation	32
Year End Reconciliation	32
Introduction to UHIP	33
Your introduction to the University UHIP Health Insurance Plan (UHIP)	33
Member Tutorials	34
Registering online?	35
Linking your account	36
Postal Mail	37
How to print your UHIP coverage card through mysunlife.ca	38
UHIP Administrator SLF Contact List	39
UHIP Member Contact List	40



Member Eligibility

To be eligible for coverage under the University Health Insurance Plan, a member must meet the criteria of one of the following categories:

Non-Resident Person in Ontario

A non-resident who is not entitled by law to participate in the Ontario Health Insurance Plan (OHIP) and who is:

- A student at a participating university.
- An international employee or other individual who is officially associated with a participating university in a designated educational staffing function and who has, if required, been issued a valid work visa by Citizenship and Immigration Canada.
- A returning Canadian employee or other individual who is officially associated with a participating university and has applied for OHIP coverage during the three-month waiting period for OHIP coverage. An extension of coverage is possible if proof of application to OHIP is provided within three months of entry/re-entry to Ontario.
- A short-term visitor who is officially associated with a participating university in a designated educational or staffing function or as an invitee attending a seminar (for those universities that decide to extend UHIP coverage to their short-term visitors). For those with an expected duration of stay less than three weeks, coverage under a UHIP is optional.

Out-of-Country Employees

- An employee of a participating university who is temporarily out of the country and has used up their maximum extension of OHIP out of country coverage. UHIP coverage will only be available if the employee is out of the country on approved university business, such as sabbaticals, special work terms or secondment, and will come into effect either on departure, if OHIP out of country coverage was exhausted prior to departure, or upon expiry of OHIP out of country coverage.
- These employees must have an expected date of return to the university in Ontario within 18 months of the date of departure and must immediately apply for OHIP coverage on return to Ontario. Coverage based on OHIP will be provided under this policy during the three month OHIP re-application and approval period.

Non-Resident Students Abroad

- A non-resident who is not entitled to OHIP coverage and who is a full-time student at a participating university and who may participate in a study abroad or co-op work exchange program or receives a letter of permission to attend an overseas university for credit. Such students are eligible for coverage under this policy for their period of study abroad, even if they travel directly to the location of their study abroad program from their home country, without stopping in Ontario en route.

Non-Resident ESL or Non-Degree Students

- A non-resident student who is not entitled to OHIP coverage and who is registered in an English as a second language and/or non-degree program.
- Coverage under this policy is mandatory for all non-resident students registered in an ESL and/or non-degree program if the participating university elected (on an annual basis) to extend coverage under this policy to the program in which they are registered.
- This coverage is limited to a maximum period of two years.

Canadian citizens without Provincial coverage

Canadian citizens without Provincial coverage are eligible for UHIP up to a maximum of 3 months (OHIP waiting period). These members should be directed to Service Ontario to apply for OHIP and provide proof of application to the University before being enrolled in UHIP.

Eligible Dependants

To be eligible for coverage under the University Health Insurance Plan, a dependant must meet the criteria of one of the following categories:

- The legal, common-law or same-sex spouse accompanying the member. The applicant must certify on their application that their common-law relationship has existed for at least 12 months;
- The natural and legally adopted children of a member, step-children of a member or children for whom the member has been appointed legal guardianship, who are unmarried, dependent on the member for support and whose primary residence is with the member and who are:
 - Under the age of 22;
 - Under the age of 25 if studying full-time at an accredited educational institution. Annual proof of attendance may be required;
 - Of any age if mentally or physically disabled and not capable of self-sustaining employment, provided the disability began:
 - a. while the child was covered under this plan, or
 - b. before the eligible person applied for coverage under this plan, only if disability began before age 22 or 25 if a full-time student. Sun Life may require proof of disability and its continuation.

Ineligibility

The following persons **are not** eligible for coverage under this policy:

- Individuals, other than short-term University visitors and members' families who are in Canada with temporary resident status recognized by Immigration, Refugees, and Citizenship Canada.
- Family members of UHIP members whose status is that of visitor under a Minister's permit, or medical Minister's permit.
- Correspondence students.
- Those individuals who were not eligible for OHIP coverage before July 1, 1994, or who would not have been eligible had the government not changed eligibility rules.
- Children who become disabled after they are no longer eligible for coverage or who were over age 22 (or age 25 if a full-time student) when the member applied for coverage.
- Students and employees registered at an Ontario University not participating in UHIP.
- Dependants of non-resident internationals who never had UHIP coverage or had coverage under UHIP more than 5 years ago.
- International dependants of Canadian permanent residents who have never been covered under UHIP.
- A student who takes an unapproved leave of absence from a participating University for any reason.

Please Note: Primary Members and dependants who have been declined for OHIP coverage are eligible for 24 months of coverage under this policy.



Plan Sponsor Services (PSS)

How to access & navigate PSS

To Access the Plan Sponsor System, go to Sun Life's website at sunlife.ca/sponsor

- 1 Enter the Access ID and PIN assigned to you. Click **Submit**.

Notes: If you are using a computer that only you access we recommend that you select "Save your access ID" in the check box below password.

If you have lost or forgotten your login or PIN, click on the appropriate link below the login field and follow the instructions. If you still experience difficulty, please send an email to academic@sunlife.com

- 2 The Plan Sponsor homepage will appear. Click on "**Group Benefits Administration**".

- 3 There are two ways to navigate through the Plan Sponsor Services site:

a) You can click on the underlined functions on the Welcome page (shown below), or

b) Select a function from one of the menus at the top of your screen

Unavailable functions include:

- Reinstate a member (use **Update a member**)
- Terminate coverage

Adding new member coverage (No previous record)

Use this function to add a member who has not previously been entered in the system (this includes members who have been terminated).

1 Click on **Add a member** from the **Welcome** page.

2 Complete the fields indicated in the table below with the member's information.

FIELD	MEMBER RECORD	DEPENDANT RECORD (DP)
Member ID	Use appropriate university prefix followed by the member identification number assigned	
Last name	Enter the last name as it appears in the university system	Enter the last name of the most senior dependant who will be covered under the DP record (spouse, eldest child, only child)
First name	Enter the first name as it appears in the university system	Enter the first name of the most senior dependant who will be covered under the DP record (spouse, eldest child, only child)
Effective date of coverage	Enter the date coverage begins using the format yyyy/mm/dd (see eligibility & enrolment notes for further details)	
Location	Select the location corresponding to your university and the role of the member (student/employee)	
Classification	A – Members	B – Dependants Only
Plan	A – Members	C – Dependants Only
Member Coverage Duration	Select the number of months of coverage that is being requested for the member as of their effective date	Select the number of months of coverage that is being requested for the dependant as of their effective date

FIELD	MEMBER RECORD	DEPENDANT RECORD (DP)
Dependant Coverage Duration	Select the number of months of coverage that is being requested for the dependants *use when additional dependants are being covered besides the main dependant	
Exception	Not required	Not required
Birth date	Enter the member's date of birth with the format yyyy/mm/dd	Enter the date of birth of the most senior dependant with the format yyyy/mm/dd
Gender	Enter the member's gender	Enter the gender of the most senior dependant
Language	Select member's preferred language (English or French)	Select the preferred language of the most senior dependant (English or French)
Dependent status	Single = member only Couple = member plus one dependant (can be spouse OR child) Family = member plus two or more dependants	Single = senior dependant only Couple = senior dependant plus one dependant (child) Family = senior dependant plus two or more dependants

Please note the following when adding members and dependants:

- Do not add member information when creating a DP record. If there is a DP prefix, Sun Life recognizes this as dependant information only.
- When adding or updating a member in the same month their UHIP coverage terminates, their coverage will show as terminated with a coverage termination date reflecting the last day of the month. As well, the premium amount will show as \$0.00 in PSS.
- Please ensure when adding dependant-only records, that you select the applicable Classification and Plan so the correct UHIP rate is applied.
- If you need to create a second DP record because the senior dependant under the first DP record no longer requires UHIP, please use DPC as the prefix and enter the applicable dependant information. (c= child)
- If a member or dependant's coverage begins after the first of the month, they are not billed UHIP premiums until the first of the following month.
- When selecting 'dependant relation' use only "spouse" or "child"
- Dependant records are created when one of the following occurs:
 - Dependant requires UHIP for a longer duration than the member.
 - Eligible dependant arrives in Canada after the member has already received their provincial coverage, but is still affiliated with one of the participating universities.
- Please remember, when adding or updating records to use the correct dates – the effective date of change should equal the effective date of coverage. The date entered affects the billed amount.
- Member first and last name must contain at least two letters. Characters (* - , .) are not acceptable.
- If a member only has one name, please duplicate it as both first and last (i.e., member's name is John, must be added to the SLF system as John, John).



3 Once you click "continue" you will receive an error message re: exception. Please ignore and click OK.

4 The next page confirms the information previously added. If this information is not correct, hit the 'back' button and make the update, then 'continue'.

Note: Please ensure data is correct, complete, and in the right field before proceeding.

5 This screen will allow you to add member address, email address and phone number. Although address and phone number are not required, adding an email address can be beneficial.

- If your university is set up with forced TLS, members with an email address with the university domain will receive an email with their coverage card 24 hours after being entered in the systems.
- If your university is not set up with forced TLS, members will require an email address to receive the temporary password when registering on the mysunlife website.

Note: If you enter only a phone number or postal code for the member, then the address information is mandatory. An error message will appear requesting that the address information be entered.

Do not enter symbols such as "&" or "#" into address field.

Under Benefits, ensure the "Medical" box is checked off and shows the correct dependant status:

- Single
- Couple
- Family

If dependant status is Couple or Family, click show/hide and add dependant details as follows:

FIELD	MEMBER RECORD	DEPENDANT RECORD (DP)
First Name	Enter the first name	Enter the first name of the next senior dependant
Last Name	Enter the last name	Enter the last name of the next senior dependant
Birth Date	Enter the date of birth	Enter the date of birth of the next most senior dependant
Relationship	Spouse or Child never use "other"	Spouse or Child never use "other"
Gender	Male/Female	Male/Female
Overage Student	Not required	Not required

When all relevant dependant information has been added, click **submit**.

The **Coverage Summary** page confirms that the member and dependants (if applicable) have been added. Review the summary for accuracy. **If any information needs to be corrected, you must go to "Update a member" to make changes.**

After member/dependant(s) have been added, from the Coverage Summary Page, you have the option to print a member coverage card that displays their most recent coverage information.

Update a member record: existing record with active or inactive coverage

Use this function to update or modify an existing member record:

- Reinstate/re-enroll
- Add dependants to an existing member record
- Update duration of coverage
- Change existing member information: Name change, address, date of birth

IMPORTANT: Never process member terminations through PSS. Please send these requests to Sun Life via Special requests or e-mail to **academic@sunlife.com**.

1 Click on **"Update a member"** from the Welcome page.

2 Enter the Effective date of change, as well as the member ID or last name of the member you wish to update and select search. ***The effective date of change should reflect the date you want the change to come into effect.**

Personal Information	
Current Information	Updated Information
Effective date of change: (yyyy/mm/dd)	2017/09/01
Last name:	Test
First name:	Test
Member ID:	AB123456789
Location:	110 - Brock University Intl Students
Classification:	A - Members
Plan:	A - Members
Member Coverage Duration (months):	04
Dependent Coverage Duration (months):	0 - Not Selected
Exception:	0 - Not Selected
Effective date of coverage: (yyyy/mm/dd)	2010/09/01
Birth date: (yyyy/mm/dd)	1985/05/04
Gender:	Female
Language:	English
Dependent status:	Single

[cancel](#) [continue](#)

- 3 Member data will appear, select the member to be updated. When all updates have been entered, click on **continue**.

The left column on the screen shows the member's current information. You can update the information as required in the right column.

When all updates have been entered, click on **continue**.

Update a member

Name: Test Test
Member ID: AB123456789

Address	
Current Address	Updated Address
Street:	
Apt:	
City:	
Province/State:	n/a
Postal code:	
Studies/Works in:	Ontario
Phone number:	(999) 999-9999
Email address:	

Choose new options from the Available Benefit Options column to update this member's benefits.

Current Benefit / Option Effective Date	Available Benefit Options
<input checked="" type="checkbox"/> Medical	<input type="radio"/> University Health Insurance
	<input type="radio"/> Single
	<input type="radio"/> Family
	<input type="radio"/> Couple

Spouse and Child(ren) Details [show/hide](#)

- 4 Member address/email address details appear on next page and may be updated as well.

- 5 Verify the information you have updated and if accurate, click on **submit**.

Would you like to:

- [Print in English](#)
- [Print in French](#)
- [Print coverage card](#)
- [Update another member](#)

- 6 After member/dependant(s) have been updated, you have the option to print a member coverage card that displays their most recent coverage information, from the Coverage Summary Page.

The **Coverage Summary** page confirms that the member and dependants have been updated. Review the summary for accuracy. **If any information needs to be corrected, you must go back to "Update a member" to make changes.**

View a member record and print member coverage card: existing record with active or inactive coverage

Use this function to view an existing member record or print the coverage summary page.

- 1 From the Welcome page, enter the member's last name or member ID.

- 2 From the Coverage summary page you have to option to print a member coverage card to provide to member.

- 3 You can view the member's history to determine what changes occurred for this member record.

Special requests

A special request is any transaction that cannot be handled through Plan Sponsor Services or requires Sun Life approval or review.

Common situations that require a special request include:

- **Termination** – coverage terminates prior to the end of the current month. For example, the current month is January 2019 and coverage is to be terminated effective December 5, 2018.
- **Retroactive enrollment** – member/dependant enrolment prior to the current academic year. For example, if the current academic year is September 2018 to August 2019, and the member is to be enrolled effective July 17, 2018.
- **Enrolment of a member and dependants, where the dependants are late applicants** – you may proceed to add the member; however, a special request to add the dependant along with the late enrollment fee needs to be submitted via a special request form.

From the Welcome page, under the Members tab, select **Special requests**. Choose the appropriate special request form.

Request for other changes

Please complete the following information and submit your request.

To: Sun Life Financial
 From: [andrea.santos@sunlife.com]
 Subject: Request for other changes

Contract Number
 050150

Request Details

[Empty text area for request details]

- 1 If Request for other changes is selected.
 - Please describe your request and be sure to include member ID and any relevant information and dates

Enter the **last name** or the **member ID** of the member you wish to submit a request for.

The wildcard (*) search is enabled. For example, to select all members with the last name of Smith, type "Smi*" in the last name box.

Member Information

Last name: [Text input]
 or
 Member ID: [Text input]

- 2 If any other special request form is selected
 - Enter member ID or last name of the member you wish to submit a special request form.
 - The member information will be pre-populated. Please enter the information you wish to change.

To: Sun Life Financial
 From: [andrea.santos@sunlife.com]
 Subject: Change coverage termination dates

Contract Number
 050150

Member Information

Last name:	Test	First name:	Test
------------	------	-------------	------

Current Information

Current Information	Change To
Member ID:	AB123456789
Location:	110 - Brock University Intl Students
Classification:	A - Members
Plan:	A - Members
Coverage termination date: (yyyy/mm/dd)	<input type="checkbox"/> [Text input]

Benefits

Current Termination Date	Change to
Medical 2011/04/30	<input type="checkbox"/> [Text input] (yyyy/mm/dd)

Reason to change coverage termination date:
 [Text area]

- 3 Click on **submit** to send the request.
- 4 Once you submit the form, you will receive a confirmation message that your request has been sent to Sun Life.
 Within two business days, you will receive confirmation that your request has been processed or notification if additional information is required.

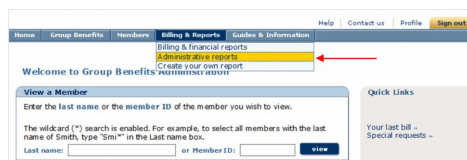
Bulk printing of coverage cards

Bulk printing of coverage cards is available 3 days after members are enrolled in PSS. There are 2 options:

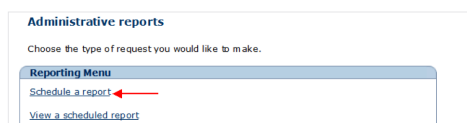
1. **Add/Update Batch** – This option will print coverage cards for all members who had their coverage added or updated on the date specified.
2. **Full Batch** – This option will print coverage cards for all active members

The PDF report will be one PDF file containing one coverage card per page.

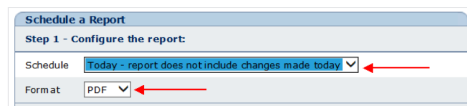
Add/update batch option



- 1 Go to **Billing & Reports** and **Select Administrative Reports**

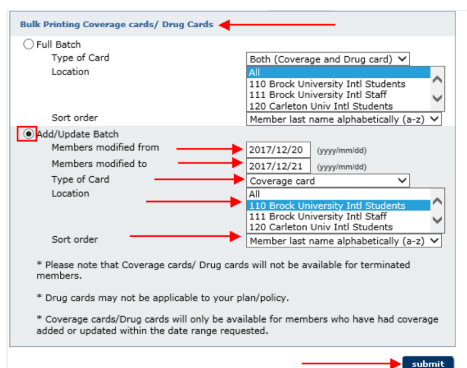


- 2 Select **Schedule a Report**



- 3 Schedule for Today or Tomorrow and choose PDF format

* Today will be available within 3 hours and tomorrow will be available by 9 am on the following business day



- 4 You must then select the report criteria under the Bulk Printing Coverage Cards/ Drug Cards Section

- a. Select Add/Update Batch
- b. **Date Modified from** must equal the date the upload or manual additions/changes were completed
- c. **Date Modified to** must equal the day after the upload or manual additions/changes were completed
- d. Type of Card is Coverage card
- e. Location – whichever location applies
- f. Sort Order per your preference. It can be alphabetically by last name or Member ID in ascending order
- g. Click **Submit**

* Depending on the size of your report, it may be available before the 3 hour timeline

Full batch option

Home | Group Benefits | Members | **Billing & Reports** | Guides & Information

Billing & financial reports
[Schedule administrative reports](#)
 Create your own report

Welcome to Group Benefits Administration

View a Member
 Enter the last name or the member ID of the member you wish to view.
 The wildcard (*) search is enabled. For example, to select all members with the last name of Smith, type "Smi*" in the Last name box.
 Last name: or Member ID: [view](#)

Quick Links
 Your last bill -
 Special requests -

Administrative reports
 Choose the type of request you would like to make.

Reporting Menu
[Schedule a report](#)
[View a scheduled report](#)

Schedule a Report
 Step 1 - Configure the report:

Schedule: **Today - report does not include changes made today**
 Format: **PDF**

Bulk Printing Coverage cards/ Drug Cards

☒ Full Batch
 Type of Card: Coverage card
 Location: 110 Brock University Intl Students
 Sort order: Member last name alphabetically (a-z)

1 Go to **Billing & Reports** and **Select Administrative Reports**

2 Select **Schedule a Report**

3 Schedule for Today or Tomorrow and format in PDF

* Today will be available within 3 hours and tomorrow will be available by 9 am on the following business day

4 You must then select the report criteria under the Bulk Printing Coverage Cards/Drug Cards Section

- Select Full Batch
- Type of Card is Coverage card
- Location – whichever location applies
- Sort Order per your preference. I can be alphabetically by last name or Member ID in ascending order
- Click submit

How to retrieve the scheduled reports

Home | Group Benefits | Members | **Billing & Reports** | Guides & Information

Billing & financial reports
[Schedule administrative reports](#)
 Create your own report

Welcome to Group Benefits Administration

View a Member
 Enter the last name or the member ID of the member you wish to view.
 The wildcard (*) search is enabled. For example, to select all members with the last name of Smith, type "Smi*" in the Last name box.
 Last name: or Member ID: [view](#)

Quick Links
 Your last bill -
 Special requests -

Administrative reports
 Choose the type of request you would like to make.

Reporting Menu
[Schedule a report](#)
[View a scheduled report](#)

View a Scheduled Report
 Scheduled Reports

Coverage Summaries:
☐ All Active Members **Not Available**
☐ Members with records modified since **Not Available**

Member Coverage Listing:
☐ Coverage effective **Not Available**

Over Age Dependent Listings:
☐ All Active Members **Not Available**

Bulk Printing Coverage cards/ Drug Cards
☐ Full Batch **Not Available**
☒ Add/Update Batch **2017/12/21 08:59:11 - Available**

[view](#)

1 Go to **Billing & Reports** and **Select Administrative Reports**

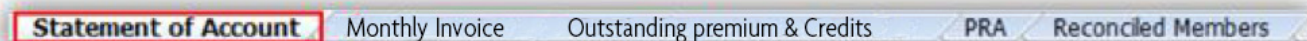
2 Select View a Scheduled Report

3 Under the bulk printing option select the type of report that you have scheduled as well as the date the report was scheduled (in the event you ran multiple reports) and click view.

UHIP Invoice Reconciliation

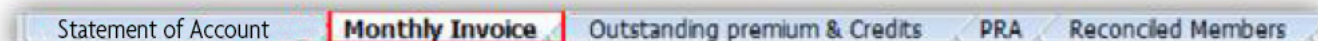
Monthly Statement

Overview of invoice tabs



Statement of Account

This tab represents a high-level summary of premiums owing for the month, payments received from the month prior and any carry-over premium balance from the previous month.

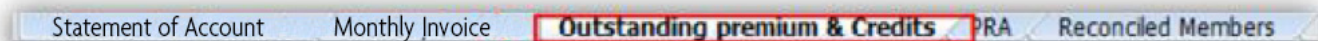


Monthly Invoice

This tab identifies only the new enrollments, re-enrollment and coverage adjustments committed from the month prior (as noted in the 'coverage period').

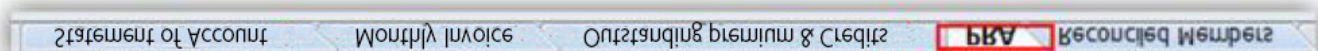
It does not identify any members with carry over premium from past invoice months.

The members shown under the 'Monthly Invoice' tab also appear under the 'Outstanding premium & Credits' tab.



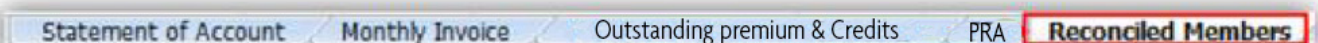
Outstanding premium & Credit

This tab identifies members with outstanding premium or credits. This tab includes the members noted on the Monthly Invoice tab and those members with a carry-over balance from the previous month(s). Once full premium due is remitted and any credits accepted, members will appear under the Reconciled Members tab.




PRA

The PRA (premium remittance advice) is a unique payment form specifically designed to interact and feed into the UHIP billing tool. The PRA must be completed to indicate accepted payments/credits at a member level and an electronic copy of the completed PRA must be submitted with payment (cheque or EFT).



Reconciled Members

This tab lists the reconciled members in which full premium has been received, credits accepted or have zero premium due. The reconciled members tab should be referenced to assist with the year-end reconciliation.

Life Financial	
SOP Monthly Invoice Policy Number: 000020 Billing Period: October, 2017 H&M Sahadi \$627.50 - School - 199	
Notice of Payment Due	
Current Monthly Charges	\$593.02 (due)
PMA Received	-\$30.50
Total Amount Due	\$1,070.20 (due)
Your payment is due by:	\$1,070.20
<i>Payments received after the 1st of the invoice month will be reflected on your next statement.</i>	
Return completed PMA and Cheqgen to: Sun American Insurance Co. c/oet toll-free Sun Life Assurance Company of Canada c/o Sun Insurer - 2000 Fleet Toronto ON M8H 0B8	

Statement of account

Current Monthly Charges

This amount represents the newly incurred premium appearing on your invoice. This amount is determined by the member adjustments completed in the month prior to this invoice (enrolments/terminations).

Minus Payments Received

This amount represents any payments received, processed and applied to your account in the month prior to this invoice.

Total Amount Due

This amount represents the total premium outstanding on your account as of the date of the invoice. Previous Monthly Balance, Current Monthly Charges and Minus Payments Received, determine the Total Amount Due.

[illegible]

How to reconcile only the members under the 'monthly invoice' tab


- 1 From the Monthly Invoice tab, under the 'PRA' column, enter the premium amount to be reconciled.
- 2 Click on the 'Transfer to PRA' button.
- 3 Premium information from the Monthly Invoice tab is automatically transferred to the PRA tab.
- 4 Remit to SLF a copy of the completed PRA and arrange for payment to be remitted.

Sun Life Financial
Policy Number 050150

PRFA FILE
INVOICE: 2017/10/100
ABC School
Location: International Students

Please make necessary changes via PSS or Special Request

The PRFA is not an administration or communication tool




Member ID	Member Name	Location	Premium Due	Premium Paid	
ABC12345	Smith, John	1.00	\$ 204.00		204.00
ABC55555	Smith, Sandy	1.00	\$ 612.00		612.00
Grand Totals			\$ 816.00		816.00

How to reconcile members under the 'monthly invoice' & 'outstanding premium & credit' tabs

- 1 From the Monthly Invoice Tab, under the 'PRA' column, enter the premium/credit amount to be reconciled.
- 2 Click on the 'Transfer to Premium & Credits' button.
- 3 From the Outstanding Premium & Credit tab, continue to enter the premium/credit amount to be reconciled for any additional members.
- 4 Click on the 'Transfer to PRA' button.
- 5 Premium/credit information from the Monthly Invoice and Outstanding & Credit tabs are automatically transferred to the PRA tab.
- 6 Remit to SLF a copy of the completed PRA and arrange for payment to be remitted.

[illegible][illegible]

Sun Life Financial Policy Number 000150	PRILE INVOICE-2017-0100 ABC School		 Sun Life Financial	
	Location: International Students Please make necessary changes via PBS or Special Request			
The PRA is not an administration or communication tool				
Member ID	Member Name	Location	Premium Due	Premium Paid
ABC12345	Smith, John	\$ 1.00	\$ (612.00)	\$ 204.00
ABC55555	Smith, Jandy	\$ 1.00	\$ (612.00)	\$ 612.00
ABC67799	Jones, Jane	\$ 1.00	\$ (612.00)	\$ 612.00
ABC67821	Jones, Jennifer	\$ 1.00	\$ (612.00)	\$ (612.00)
Grand Totals			\$ 1,224.00	\$ 816.00

How to reconcile only the members under the 'outstanding premium & credit' tab

Sun Life Financial
UHIP Billing System
Policy Number 050150
Billing Period: October 2017
ABC School

Member Information		Coverage Information		Premium		Premium Paid		PRA	
Location	Member ID	Member Name	SCS	Effective Date	Termination Date	Premium	Paid	Premium	Paid
(1) Outstanding Premium									
US	ABC1234	Smith, John	Single	01-Sep-17	31	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
US	ABC4567	Smith, Will	Single	01-Sep-17	31	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
US	ABC8901	Smith, Sandy	Single	01-Sep-17	31	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
US	ABC2345	Johnson, Christopher	Single	01-Sep-17	31	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
US	ABC6789	Jones, Jennifer	Single	01-Sep-17	31	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
US	ABC1011	Jones, Jennifer	Single	01-Sep-17	31	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
Grand Totals						\$ 5,000.00	\$ -	\$ 5,000.00	\$ -

- 1 From the Outstanding Premium & Credit tab, under the 'PRA' column, enter the premium/credit amount to be reconciled.
- 2 Click on the 'Transfer to PRA' button.
- 3 Premium/credit information from the Outstanding Premium & Credit tab is automatically transferred to the PRA tab.

Sun Life Financial
Policy Number 050150

INVOICE: 201710100
ABC School
Location: International Students
Please make necessary changes via PSS or Special Request

The PRA is not an administration or communication tool

Member ID	Member Name	Location	Premium Due	Premium Paid
ABC12345	Smith, John	US	\$ 1,000.00	\$ 612.00
ABC45678	Smith, Will	US	\$ 1,000.00	\$ 204.00
ABC89012	Smith, Sandy	US	\$ 1,000.00	\$ 612.00
ABC23456	Jones, Jennifer	US	\$ 1,000.00	\$ 612.00
Grand Totals			\$ 4,000.00	\$ 1,838.00

PSS Invoice

UHIP bills are available through the Plan Sponsor Services (PSS) website on the second business day of each month. UPAs are responsible for retrieving, reviewing and **remitting the full premium owed** each month. For more information on logging in and using PSS, see the PSS Guide for UHIP Administrators.

Sun Life Financial

Welcome to Plan Sponsor Services

November 05, 2017
PLEASE READ

Service announcement: Website upgrade Sunday November 5.
REMEMBER: Do you have the latest browser?
Service announcement: Website upgrade Sunday November 12.

Administration and reporting
Group Benefits Administration

Additional information
Group Benefits products and services
Group Retirement Services products and services
Government and industry websites

Sun Life Financial

Home | Group Benefits | **Billing & Reports** | Contact Us | Profile | Sign out

Welcome to Group Benefits Administration

View a Member
Enter the last name or the member ID of the member you wish to view.
The wildcard (*) search is enabled. For example, to select all members with the last name of Smith, type "Smith*" in the last name box.
Last name: or Member ID:

Quick Links
Your last bill
Special requests

Payment Information		Total
Previous Balance		\$2,856.00
Plus Current Charges		\$1,173.00
Minus Payments		\$2,856.00
Amount Due		\$1,173.00

- 1 After logging into PSS, click on **Group Benefits Administration**.
 - 2 From the Welcome page, move your cursor to the Billing & Reports tab. Click on **Billing & financial reports**.
 - 3 To view a copy of your monthly bill, select **Detail for Sun Life** and select the billing month you wish to view from the drop down on the right and click view.
- Page 1** identifies the previous/carried over balance (if any), current charges, as well as the total amount owing that month. This page should be remitted to Sun Life with the corresponding cheque.

- Sun Life must receive premium remittance and payment (cheque or EFT) no later than the last business day of each month to ensure full payments are applied against the next billing period in order for those members to appear reconciled.
- If the amount due results in a credit balance, the UPA should notify Sun Life and provide a copy of the first page of the bill for reference. Sun Life will then issue a refund cheque back to the university for the credit amount.
- Pages three and onward contain the member data and represent their current premium owing that month (not annual or pro-rated).
- Any adjustments to member records and/or comments relating to member's coverage should be provided to Sun Life via email or special request.
- Once a member has been terminated or has exhausted their duration of coverage, they will no longer appear on the monthly billing statements.

IMPORTANT: Pay-as-you-go bills must be paid in full each month. Any discrepancies will be resolved with adjustments on the following month's bill.



Refund Process

Who is eligible for a refund?

Refunds for UHIP premiums are available to covered members/dependants who have paid the full annual UHIP premium and meet one of the eligibility criteria listed below. A member may only receive a refund for the months following the month in which Sun Life receives their refund request, unless the reason for the request is due to an administrative error or an approved exemption. For more information see **How are refund amounts calculated?**

Eligibility before March 1

A member is eligible for a refund if they:

1. have withdrawn from their academic position voluntarily or involuntarily
2. have completed their academic program
3. are not in regular attendance as required by their program
4. are leaving the country for an uncertain period of time
5. have become eligible for the Ontario Health Insurance Plan (OHIP)
6. have been approved for an exemption from UHIP for that academic year
7. were enrolled by the participating university in error (administrative error)

***Refunds not available for the scheduled breaks between terms (i.e., March Break)**

Notes: Dependants are no longer eligible for UHIP coverage and must be terminated if member refund is requested due to scenarios 1 to 5 listed above.

In cases of an approved exemption, Sun Life will automatically terminate coverage and provide refund to the university, if applicable.

Eligibility after March 1

A member is eligible for a refund if they:

1. have become eligible for OHIP
2. have been approved for an exemption from UHIP for that academic year
3. were enrolled by the participating university in error (administrative error)

What is Considered an Administrative Error?

1. Member/dependant never arrived to Canada/not attending university
2. Enrolled in error (member/dependant had OHIP prior to start date of the academic year/semester)

* For administrative errors, it is acceptable for the university to submit the refund request on behalf of the member/dependant

How are refund amounts calculated?

1. Refund amounts are calculated from the first of the following month in which Sun Life receives the refund request.
2. Refund requests due to administrative errors or approved exemptions from UHIP will be entitled to a refund of the full premium paid provided there are no claims for the academic year for which the refund is being requested.
3. No refund amount is paid in respect of months in which claims have been paid or for any months prior to the last month for which any claim was paid. These months would be considered covered months. **This is applicable to ALL refund requests.**

Refund calculation examples

- A member enrolled from September 1 to August 31 receives OHIP on December 15. Sun Life receives the refund request on December 28. The refund amount is calculated from Jan 1 – Aug 31 and UHIP coverage is terminated back to December 14.
- A member enrolled from September 1 to August 31 receives OHIP on January 3. Sun Life receives the refund request on February 22. The refund amount is calculated from March 1 – August 31 and UHIP coverage is terminated back to January 2.
- A member enrolled from September 1 to August 31 will graduate at end of June and is requesting a refund for July and August. No refund is applicable as refunds are not available for the scheduled breaks between terms.
- A member enrolled from September 1 to August 31 withdraws from their program on January 16. Sun Life receives the refund request on March 25. No refund is applicable as the request was received after March 1 and is not eligible.

Submitting and receiving refund requests

There are 3 options for you to submit a refund request to Sun Life

1. For multiple requests (5 or more per month), complete & submit the refund request spreadsheet and email academic@sunlife.com
2. For individual requests (less than 5 per month), email applicable refund details to academic@sunlife.com
3. For individual requests (less than 5 per month), submit a special request through PSS

It is the member's responsibility to request a refund of premiums from the university. The university is then responsible for submitting the refund request to Sun Life.

Refund requests received by Sun Life at least 5 business days before the last business day of the month will be processed in time to ensure refund amounts are applied to the next invoice.

Refund requests received within the last 5 business days of the month may not be processed in time and will appear on the invoice of the month after next.

If the university receives additional refund requests after the refund request spreadsheet has been sent to Sun Life, the university should add those members to the following months tab with a comment explaining date of receipt.

****It is important to understand that this does not affect how a member's premium refund is calculated.**

Sun Life determines an applicable credit amount based on the date the refund request is received, and any special comments.

Note: Refund requests should only be submitted if member/dependant premiums were submitted to Sun Life. Members whose premiums have not yet been paid should instead be shown to Sun Life on a termination file since there is no premium for Sun Life to refund.

Supporting documentation required to support refund request

For the following refund cases, the university should retain a copy of supporting documentation for future reference

REFUND REQUEST REASON	SUPPORTING DOCUMENTATION
Acquisition of OHIP	Copy of OHIP card or letter confirming OHIP coverage. A letter must include date OHIP becomes effective. Handwritten dates are not acceptable
Member has pre-approved alternate insurance plan	Copy of card or letter confirming coverage for the academic period for which a refund is being requested
Student has withdrawn from studies – voluntary and involuntary	Proof of withdrawal from classes (i.e., transcript)

Refund request spreadsheet for multiple refunds

Refund Eligibility & Process

This tab stores the UHIP refund eligibility guidelines and processes as outlined within the UHIP contract and UHIP website. This tab can be referenced to confirm member's eligibility for refund.



Monthly Refund tabs

These tabs represent each month of the UHIP academic year. These tabs will be used to complete the member's request for refund.



How to complete the refund request spreadsheet

THIS REFUND FILE MUST BE SUBMITTED TO SLF at least 5 BUSINESS DAYS BEFORE THE LAST BUSINESS DAY OF THE MONTH FOR AMOUNTS TO BE APPLIED TO NEXT INVOICE								SLF USE ONLY		
Before submitting a request to the insurer, the University UHIP Plan Administrator must review & validate each members request for a refund of UHIP premium for eligibility. All documentation supporting members request for a refund should be collected by the University for future reference										
Member Information			Refund Information							
Member ID (inc. alpha prefix)	Member First & Last Name	Member DOB (yyyy/mm/dd)	Reason for the Request for Refund ~select a reason from the dropdown~	UHIP termination date		Refund Amount Requested (\$)	Comments (if required)	Approved Refund (\$)	Loc	Comments
				UHIP Effective Date? Withdrawal Date? Course Completion Date? Graduation Date? Date Left Country? (yyyy/mm/dd)						
ABC55555	Smith, Sandy	1980/01/01	Administrative Error	2017/09/01		\$612.00		\$612.00	100	SI received \$612
ABC3445	Williams, Albert	1980/01/01	UHIP	2017/04/27		\$204.00		\$153.00	100	Claim incurred on May 15, 2017
ABC99999	Johnson, Christopher	1980/01/01	Did not attend/never showed up	2017/09/01		\$612.00		\$612.00	100	SI received \$612

TO BE COMPLETED BY UNIVERSITY UHIP PLAN ADMINISTRATOR

Member ID	Enter Member ID
Member First & Last Name	Enter Member First & Last Name
Member Date of Birth	Enter Member DOB
Reason for the Request for Refund	Select a reason from the drop down List
UHIP Termination Date	Enter Date UHIP is requested to be terminated
Refund Amount Requested	Enter the expected refund amount
Comments	Enter any additional information relevant to the refund request
SLF USE ONLY	
Approved Refund Amount	This amount will represent the approved refund amount calculated by SLF
Loc	This will advise on which invoice location the refund (if any) will appear
Comments	This is where SLF will provide additional information relevant to the refund request

Individual refund requests

- An individual refund request is identified as a one-off request submitted to Sun Life at varying times of the month.
- You may want to submit an individual refund request if an immediate refund decision is required.
- When you submit an individual refund request, you will be notified of the decision within 2 – 5 business days.

Please indicate 'individual refund request' in the subject line of your email. Include "urgent" if an immediate response is required.

The below details must be included when submitting an individual refund request:

- Member ID (including prefix)
- Member/dependant First and Last Name
- Member/dependant Date of birth
- Reason for Refund Request
 - Administrative Error
 - Completion of Academic Program/Graduated
 - OHIP/Exempted
 - Dependants returned home
 - Did not attend/never arrived
 - Leaving the Country
 - Withdrew from Academic Program
 - Other (provide details)
- UHIP Termination Date
 - OHIP Effective Date
 - Withdrawal Date
 - Course Completion Date
 - Graduation Date
 - Date Left Country

Please do not make individual refund requests if, you submit more than 5 refund requests each month (on average) or if you have multiple refund requests to submit in a short period of time.



How to Process a Request for an Exemption to UHIP

Important

Exemption requests must be received within 45 days from the UHIP coverage start date or date of hire.

Sun Life will not review requests after these deadlines:

FALL SESSION: OCTOBER 15

WINTER SESSION: FEBRUARY 15

SUMMER SESSION: JUNE 15

What you need to do

Provide an exemption to UHIP for students that have a Sun Life pre-approved plan, diplomatic status or acquired OHIP. Students/employees that receive an approval for an exemption need to apply annually. Members must initiate the exemption request.

1. A Sun Life pre-approved plan

- ✓ Confirm if the plan is on the pre-approved plan list, located on uhip.ca.
- ✓ The student/employee must provide you with a copy of the coverage card with coverage dates.
- ✓ Send Sun Life an email request to academic@sunlife.com with a request to terminate the UHIP coverage, along with their coverage effective date.
- ✓ Sun Life will check for claims and end coverage.
- ✓ Refer to 'Refund Process' for further information.

2. Diplomatic status

The University Registrar should have a list of all students with diplomatic status.

- ✓ The student/employee must provide a document or card confirming diplomatic status and proof of medical insurance for the coverage period.
- ✓ Send Sun Life an email request to academic@sunlife.com with a request to terminate the UHIP coverage, along with their coverage effective date.
- ✓ Sun Life will check for claims and end coverage.
- ✓ Refer to 'Refund Process' for further information.

3. Provincial coverage (other than Ontario)

Students/employees with provincial coverage outside of Ontario are ineligible for UHIP. If their provincial coverage ends, they must purchase UHIP.

- ✓ The student/employee must provide a copy of their provincial health insurance card. It should show the coverage date.
- ✓ Send Sun Life an email request to academic@sunlife.com with a request to terminate the UHIP coverage, along with their coverage effective date.
- ✓ Sun Life will check for claims and end coverage.
- ✓ Refer to 'Refund Process' for further information.

4. OHIP coverage

- ✓ Members must provide their OHIP card showing their coverage date.
- ✓ Send Sun Life an email request (academic@sunlife.com) to terminate the UHIP coverage, along with their OHIP coverage effective date.
- ✓ Sun Life will check for claims and end coverage.
- ✓ Refer to 'Refund Process' for further information.

What Sun Life does

Sun Life's Case Management Team reviews the pre-approved list of plans on uhip.ca each academic year. The Case Management Team **only** reviews exemption requests from government-sponsored students. This means their government is paying for their tuition, living expenses and a health care policy for them.

If you get a question from a student and you don't know if they are sponsored: Ask the student if the government is paying for their education, expenses and a health care policy for them. If yes, please send them this email message to ensure they understand what they need to do:

Instructions for submitting a request for a UHIP exemption:

Sun Life will **only** review UHIP exemption requests from government-sponsored students. This means that the student's government is paying for their education, expenses and a health care policy while they are actively participating in school.

If a member holds publicly funded insurance from their home country, they do not meet the criteria for applying for an exemption.

If they are **not** a government sponsored student their request for exemption will not be reviewed.

The following documents are required in English or French in order for Sun Life to review your application:

- Insurance policy certificate containing full name of policy holder and date of eligibility
- **Full** insurance policy details including limitations and exclusions
- Completed 'Request for Exemption from UHIP (Policy 50150)' form

Sun Life must receive your email or fax request within **45 days of your UHIP coverage start date.**

Requests received after these deadline dates won't be reviewed:

FALL SESSION: OCTOBER 15

WINTER SESSION: FEBRUARY 15

SUMMER SESSION: JUNE 15

Please send your form and supporting documents to Sun Life at:

Email: case.mgmt@sunlife.com or **Toll Free FAX:** 1.866.291.9479



Leave of Absence

On occasion members are unable to participate in their intended studies due to illness or maternity/paternity or other leave for an extended period. When students fall into this category, they are eligible for a leave of absence (LOA) as long as they meet the eligibility requirements.

Eligibility requirements:

- Registered with their university,
- In regular attendance (as defined by regulations of the participating university), and
- Actively pursuing an undergraduate, graduate, or post-graduate degree.

Guidelines for UPAs:

- Members are expected to contact their University Program Administrator (UPA) to request a LOA at least one month prior to the leave start date, unless it is an emergency situation in which this expectation is waived.
- On receipt of information, the UPA is expected to confirm approval with the university facility and then contact the Sun Life Case Management Team at case.mgmt@sunlife.com with the following information:
 - Full name and member identification/certificate number;
 - Reason for absence (medical/maternity or other);
 - Dates of the approved leave of absence;
 - Provide a university point of contact for confirmation of return to studies at the end of the leave (such as Academic Advisor, Registrar, UHIP Plan Administrator);
 - Confirm payment of UHIP premiums (required on a continuous basis in full and in advance, prior to the commencement of the approved LOA);
- Upon completion of the LOA, Sun Life requires notification from the UPA confirming:
 - Registration, return to active studies and UHIP payment in order to ensure coverage eligibility; and
 - In the event that a student is unable or unwilling to return to active studies after the approved LOA, UHIP insurance coverage must terminate and the UPA must advise the student. Immediate notification to **case.mgmt@sunlife.com** is required.



UHIP Coverage Card

Important

What Triggers a UHIP Coverage Card

In all instances, coverage cards will only be triggered and emailed to members who have a valid email address with a domain name set up with TLS (Transport Layer Security). If the member does not have a valid email address, or an email with a domain name set up with TLS, no coverage card will be emailed.

UPDATE	TRIGGER COVERAGE CARD
Add a new member record	✓
Change in member ID	✓
Change in coverage type (single/couple/family)	✓
Addition of a dependant	✓
Change in the member's or dependant's name	✓
Change in dependant's relationship type (spouse/child)	✓
Change in the member's re-enrolment date	✓
Change in the member's duration of coverage resulting in a future termination date	✓
Change in the member's language of preference (English/French)	✓
Change in the member's location at the university (student to employee)	✓
Change in the member's university email address	✓
Change to duration of coverage resulting in retroactive termination date	✗
Change in member's or dependant's gender	✗
Change in member's or dependant's date of birth	✗
Change in member's home address	✗
Change in dependant's effective date	✗
Change in dependant's duration of coverage	✗
Change in dependant's status to active/terminated (change in coverage type will trigger card)	✗

Did member delete or lose their email and copy of coverage card from SLF Coverage Card?

Have the member register online at mysunlife.ca to print a copy of their coverage card or email us at academic@sunlife.com to resend the member a copy of their coverage card by email.



Getting your UHIP coverage card is as easy as checking your email

While you're studying or working at a university in Ontario, you must have insurance for health care and medical treatments. Without insurance, you would have to pay for any medical services or treatments you need from your own savings – and it could be very expensive. The University Health Insurance Plan (UHIP) is designed to provide you with affordable basic health insurance, so you can focus on your studies or employment and not your medical expenses. More information about UHIP can be found at **UHIP.ca**.



Once enrolled in UHIP, check your university email for your UHIP coverage card

Email from: SLF Coverage Card

Download, print and carry the coverage card with you.

Show it on every visit to the doctor (including a clinic or lab) or hospital.



**GET ENROLLED
IN UHIP**



**CHECK
UNIVERSITY
EMAIL**



DOWNLOAD



PRINT



CARRY

Can't access your university email account?

You need to visit your University website for details on who to contact if you are having trouble accessing your University email.

Didn't get an email from SLF coverage card?

Contact your University UHIP Plan Administrator to make sure you've been enrolled in UHIP.

Have you been enrolled in UHIP but didn't get an email from SLF coverage card?

Register online at **mysunlife.ca** to print your UHIP coverage card.

To find tutorials visit: uhip.ca/Help/Tutorials

Have questions about your UHIP coverage or need help registering online?

Call Sun Life toll-free at **1-866-500-8447**, Monday to Friday, 8 a.m. to 8 p.m. ET. or visit **UHIP.ca**



Your health insurance coverage card is here!



Hello,

Welcome to the University Health Insurance Plan (UHIP). The program provides basic health insurance coverage while you're in Canada. **We've attached your insurance coverage card to this email.**

Is the information incorrect on your card? Get it corrected by contacting the **UHIP administrator at your school.**

How to use your UHIP coverage card.

- 1. Print** the attached insurance coverage card.
- 2. Carry** it with you at all times.
- 3. Show** the card each time you visit a doctor, walk-in clinic or hospital emergency department.

Get more details about your **UHIP insurance online** or call us at **1-866-500-8477.**

Sincerely,
Sun Life Financial

Life's brighter under the sun





Frequently Asked Questions

Eligibility

Who is eligible to extend their UHIP coverage?

UHIP coverage may be extended for the following reasons:

- a. **Convocation:** Members who have completed their studies and have been granted authorization to stay in Ontario may extend their UHIP coverage to the end of the term in which they convocate, for a maximum of 6 months. The member must attend the first available convocation date after they have completed their studies.
- b. **Travel in Canada:** Members who are authorized to stay in Canada for travel purposes up to a maximum of 60 days. Students may add a travel extension after an extension for convocation as long as the combined total extension does not exceed 6 months. Out of province coverage is limited, please check the UHIP booklet for more details.
- c. **Extension of authorized documents:** Members whose student or work visa has expired and they have provided the university with proof of an application for an extension of authorization.

Eligible dependants must also be covered during the extension period.

Are part-time students eligible for coverage under the UHIP policy?

Part time students are eligible for UHIP coverage provided they were initially enrolled as full-time students. Students can be covered for a maximum of 6 semesters as part-time, after which they will be expected to return to full time studies or look for alternate coverage. *Part-time as defined by the university.

Are returning Canadians eligible for coverage under the UHIP policy?

Yes, returning Canadians are eligible to be covered by UHIP during the 3-month waiting period for OHIP. All returning Canadians must apply for OHIP coverage upon arrival in Canada. If after the 3-month waiting period members still do not have OHIP coverage, these cases should be handled as follows:

- a. If the member has applied for OHIP and has brought proof of such - extend UHIP until the OHIP start date.
- b. If the member does not have proof that they have applied to OHIP - extend for one month and advise the member to apply for OHIP immediately and return with the proof so UHIP may be extended until the OHIP effective date. If they return without proof, or do not return, no extension should be granted.

Are short-term visitors & ESL students eligible for UHIP coverage?

Short-term visitors who are employed by or visiting the university for less than three weeks are not required to be covered by UHIP. They are still eligible to apply for coverage, in which case coverage begins when they arrive in Canada.

Short term visitors & ESL students at the university for more than 3 weeks and less than 3 months are only eligible for coverage if the individual university elects to have these types of members covered. A form will be sent to each university annually, at which time the university can decide on whether or not to cover short-term visitors & ESL students.

Enrollment

How early can students be enrolled in UHIP coverage?

Eligible students must be enrolled in UHIP when they arrive in Canada, but not earlier than the tenth day of the month prior to the month in which their university term begins.

How early can employees be enrolled in UHIP coverage?

Eligible employees must be enrolled in UHIP when they arrive in Canada, but not earlier than 20 days prior to their employment start date.

Should employees apply for OHIP coverage?

Yes, employees must apply for OHIP coverage, international employees must remain covered under UHIP until OHIP coverage is effective. For returning Canadians, please see question 3 on the eligibility FAQ.

When should dependants be enrolled?

Dependants who arrive with the member must be enrolled at the same time the member enrolls. If the dependants arrive later than the member does, the member must return to the UHIP office to enroll their dependants.

What if a member enrolls late?

Students who enroll late must be enrolled retroactively and pay premiums back to the first of the month in which their university term began. Employees who enroll late must be enrolled retroactively and pay premiums back to their employment start date.

What if a member enrolls their dependants late?

Dependants who are enrolled more than 30 days after becoming eligible for UHIP must be enrolled retroactively and pay a late application fee of \$500, plus premiums back to the date they arrived in Canada or became eligible for UHIP. If proof of arrival date cannot be provided, coverage/premium must be paid retroactive to the member effective date.

Coverage Card

Can/should members still use the mysunlife website even if they get their coverage card emailed to them?

Yes, although members are not required to register and sign in to the mysunlife website to access their coverage card, there are many benefits to using the site. Members have the ability to view claims, set up direct deposit and even download the mobile app for constant & convenient access to their account.

When will members receive their coverage card via email (if university set up with forced TLS)?

Members will receive their cards via email the day after the enrollment is completed either in PSS or by the SLF admin team, provided the member has a university email address on file.

When can members access their coverage card on the mysunlife.ca website?

For universities that do not have forced TLS setup, or for members who choose to register and use the mysunlife website, their coverage card is available 2 business days after the enrollment is completed either in PSS or by the SLF admin team.



UPA Administration & Billing Guidelines

University Plan Administrator

Administration & Premium Collection Guidelines

The following guidelines have been developed to support University Plan Administrators on their various responsibilities. If you have any questions please contact **UHIP@sunlife.com**.

Enrolment

- a. Determine eligibility and subsequently approve/decline/pend all applications or requests submitted for UHIP coverage and maintain all records for administrative and auditing purposes.
- b. Ensure that all eligible students, staff and their respective dependants, are enrolled in UHIP once they become eligible.
- c. Ensure that all data sent to Sun Life, either through email, electronic files or direct entry into the web based system (PSS) are correct, complete, and in proper format before received by Sun Life.
- d. Send all re-enrolment data to Sun Life at least 5 business days prior to the commencement of each new semester or academic year and send all new enrolment data to Sun Life shortly after the close of each university's enrolment period.
- e. Investigate, verify and correct member enrolment data when errors are noted by either the University or by Sun Life.
- f. Respond to all eligibility, enrolment & claims pending inquiries received by Sun Life within 3 business days

Refer to the administration processes outlined (page 2) in the UPA toolkit for more information

Exemptions

- a. If received, approve exemptions based on the pre-approved listing found on **uhip.ca**
- b. If received, review exemption documentation from UHIP members to ensure all required information is available prior to being sent to Sun Life.

Refer to the exemption process outlined (page 22) in the UPA toolkit for more information

Leave of absence

- a. Facilitate/communicate with faculty to ensure approval of request for Leave of Absence
- b. Confirm and communicate with the Case Management when a student has returned to actively pursuing their studies.

Refer to the Leave of Absence process outlined (page 24) in the UPA toolkit for more information

Premium Billing, Collection & Reconciliation

- a. Charge the correct premiums with respect to the covered duration for all members and their dependants, including any late enrolment fees.
- b. Reimburse or collect premiums for all members and their dependants based on the changes approved by Sun Life for member refunds and adjustments.
- c. Reconcile the enrolment data and premiums collected by the University against the monthly invoice sent by Sun Life.
- d. Complete the Premium Remittance Advice (PRA) and ensure the total amount due matches the premium to be paid to Sun Life. If the completed PRA results in a credit back to the University, ensure the completed PRA is sent to Sun Life to initiate the credit process.
- e. Submit premiums to Sun Life on or before the premium due date. Payments are made either by single cheque or wire transfer to Sun Life through an electronic fund transfer (EFT) into Sun Life's bank account. Member cheques are not accepted (unless pre-approved by Sun Life)
- f. Ensure that Sun Life receives the premiums by the premium due date, i.e. the last day of the month in which the invoice was issued. Otherwise premiums are deemed to be past due.
- g. In instances where the university is not able to meet the premium due date due to administrative or technical problems, the university should contact Sun Life and together come to a mutually acceptable timeline.

Refer to the reconciliation process outlined (page 14) in the UPA toolkit for more information

Year End Reconciliation

- a. Provide all member refund and adjustments to Sun Life before September 30th
- b. Submit final PRA/payment and or credit request to Sun Life by the due date confirmed each year



Introduction to UHIP

Your introduction to the University UHIP Health Insurance Plan (UHIP)

What is UHIP and why do I need it?

The University Health Insurance Plan (UHIP) is an affordable and **mandatory** health insurance plan for all eligible international non-residents (and their dependents) studying or working at a participating Ontario University. You are required under the terms of your study/employment to have health insurance to pay the cost of health care services and medical treatments while in Ontario.

What's covered under UHIP?

UHIP will pay up to \$1,000,000 (Canadian dollars) per policy year for eligible health services and medical treatments you and your family might need to maintain your health while living in Canada. This includes;



Hospital Services



Physician Services



Laboratory & Diagnostic tests

UHIP covers you for many of the same services covered under the Ontario Health Insurance Plan (OHIP); **however, UHIP does not offer the exact same coverage as OHIP.** Contact your university to learn if other types of services such as prescription drugs, are covered through the University supplemental health plan.

Caution: While most services are fully covered under the plan with no additional cost to you, some medical professionals may bill you for an amount that exceeds the UHIP coverage reimbursement rate. In these cases, you will be responsible to pay the difference between the two amounts.

How do I enroll in UHIP?

FULL TIME, PART-TIME, ESL & NON-DEGREE STUDENTS

Your University will automatically enroll you in UHIP and charge the cost of coverage to your student accounts

EMPLOYEE/SHORT-TERM VISITOR

You will not be automatically enrolled in UHIP. You need to complete a UHIP application form and apply in person at the UHIP office at the University.

Note: you must enroll and pay for your dependent(s) in person at your University UHIP office within 30 days of their arrival in Canada or you will be charged an additional \$500.00 late dependent enrollment fee.

Do I need UHIP if I already have an insurance plan?

Although the purchase of an additional insurance plan can offer you added protection **it does not mean you will be exempt from UHIP.** There are a few very specific situations where you may be exempt from needing UHIP coverage. For more information, please go to uhip.ca.



Member Tutorials

Registering online?

We can help!

We're always looking for ways to make it easier for you to interact with us, and our online registration process is no exception.

Here's how to register for [mySunLife.ca](https://mysunlife.ca)

- 1 Go to [mySunLife.ca](https://mysunlife.ca) and select **Register**.

CLIENT SIGN IN

Email/Access ID

☐ Remember me

Password

Sign in

Sign-in help

Register

- 2 Enter your first name, last name, and your University email address. Create your password.

First name

Last name

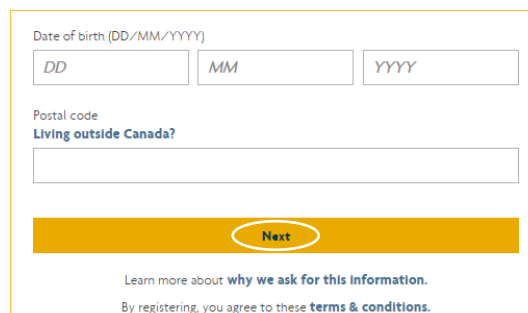
Email

Password

3 Next, choose a verification question and the answer so we can check your identity if you forget your password. Choose a question and answer that you'll remember.

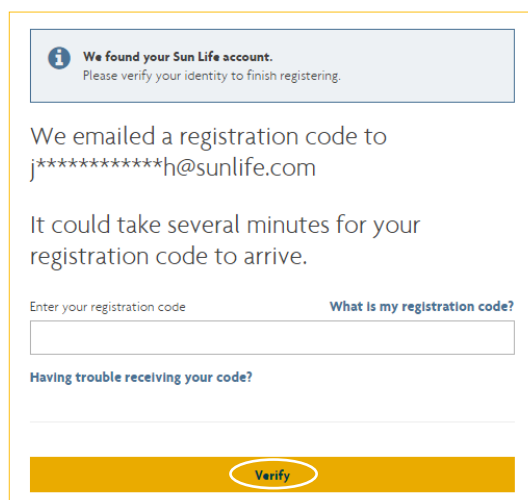


4 Enter your date of birth and postal code. Click **Next**.



5 We'll email you a temporary registration code if we have your email address on file (your University would have given it to us).

6 When you get the code, enter it to finish your registration. The code is good for 48 hours.



Register through the my Sun Life mobile app

Want to register on your phone? Download the app from Google Play or the App Store. Follow the same instructions as for **mySunLife.ca**

App Store is a trademark of Apple Inc., registered in the U.S. and other countries.
Google Play is a trademark of Google Inc.

Updates are easy

You can update your profile at any time. Simply sign in to **mySunLife.ca** and click on the Person icon at the top right of the **Home** page. Then, select **Contact information**. You can add, change or delete your email ID and update your information.

We can help! If you need us, call us at **1-866-500-8447** between 8 a.m. ET to 8 p.m. ET, Monday to Friday.



Linking your account

If the information you've used to register doesn't exactly match the information your University provided to us, you will be asked to link your benefits to your new account.

- 1 When prompted, select **Link my accounts**.
- 2 You will need to enter in your contract number and Member ID number, which you can find on your coverage card.
- 3 Next we'll email you a temporary registration code if we have your email address on file from your University. If we don't have your email address on file, we'll send you the temporary code by mail. (See "Postal Mail" section to complete your registration.)
- 4 When you get our email, finish your registration by entering the code and selecting **Verify**. The code is good for 48 hours. If you lose your registration code or it expires, don't worry. We can send you another one – just call us at **1-866-500-8447**.



Postal Mail

- 1 When you receive your registration code in the mail, go to **mySunLife.ca**, and sign in using the email address and password you previously created.
- 2 Once you have signed in, click on **Continue** in the blue alert tile to complete registration from the initial flow.
- 3 Enter your code on the **Verify** page, select **Ok** complete your registration. If you lose your registration code, or it expires, don't worry. We can send you another one – just call us at **1-866-500-8447**.

The top screenshot shows the 'my Sun Life' dashboard. It features a 'Finish your registration' button with a subtext 'Enter your registration code, or request a new one' and a 'Continue' link. Below this is a 'Health' section with a search bar for health-care providers, a 'New feature' for pharmacy searches, and a location search bar with a 'Search' button.

The bottom screenshot shows the 'Verify' page. It has two input fields: 'Enter your registration code' and 'What is my registration code?'. Below these is a 'Request a new code?' link and a large yellow 'OK' button. A 'Cancel' link is at the bottom.

Key information to help you

More control for you

You have the flexibility and control to update your account at any time. Simply sign into **mysunlife.ca** and go to your **Profile page**. From there, you can add or change your sign-in, and update your information. Managing your account has never been easier!

Free mobile app

Get more information on my Sun Life Mobile app and see a demo of how it works – visit **sunlife.ca/mobile**.

Questions?

If you have any questions, please contact the Sun Life Customer Care Centre at **1-866-500-8447** any business day from 8 a.m. to 8 p.m. ET.

Life's brighter under the sun

Sun Life Assurance Company of Canada is the insurer and a member of the Sun Life Financial Group of Companies.

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How to print your UHIP coverage card through **mysunlife.ca**

You should always have a copy of your coverage card with you in case you need to visit a health care provider. Printing a copy of your card is quick and easy. Once you have registered for mysunlife.ca, you can sign in to print your coverage card.

Registering online to get your UHIP coverage card?

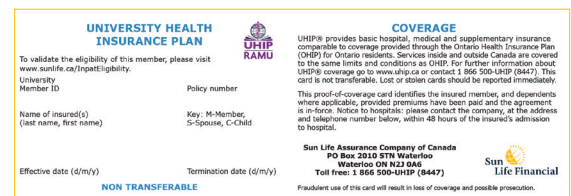
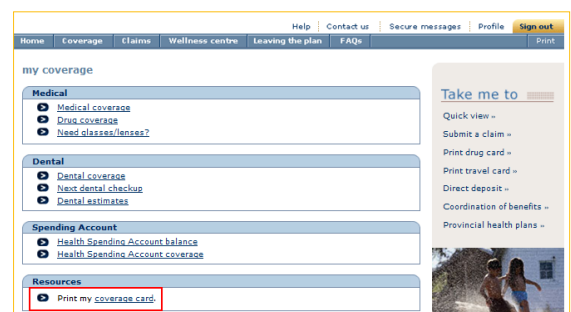
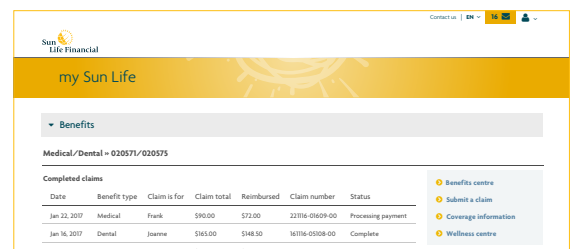
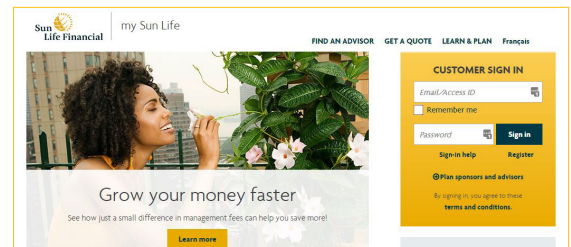
Check your **university email** first! You may have already received a copy of your UHIP coverage card by email when you were enrolled in the plan. If you didn't receive your UHIP coverage card by email, you will need to complete the online registration process.

- 1 Go to **mysunlife.ca**. Enter your access ID and password and click the **sign in** button.
Note: Your access ID number is whatever you chose to sign up with when you registered for mysunlife.ca. It can be the 12-14 digit numerical ID or your email address. If you forget your sign-in/access ID or password, go to mysunlife.ca and select the appropriate link from the Sign in help box.
- 2 Select **Coverage information** from the **Home** page
- 3 Select **Print my coverage card** under **Resources**
- 4 **Sample coverage card**

Questions?

If you have any questions, please contact the Sun Life Customer Care Centre at **1-866-500-8447**
 Monday - Friday from 8 a.m. to 8 p.m. ET.

Your coverage card is always available on the **my Sun Life Mobile app**. Download the **my Sun Life Mobile app** so that you always have access to your coverage card. To learn more, visit **uhip.ca**.





Contact Lists (Internal use only)

UHIP Administrator SLF Contact List

Sun Life Administration Team

- Eligibility (including extensions of coverage)
- Refund of premium requests
- Enrollments/Adjustments/Terminations
- Invoice/Reconciliation & Premium remittance
- UHIP administrator training
- Administrator system access (setup & password reset)
- Confirmation of UHIP coverage letter

Call us: Toll-free **1-877-250-8447**
Monday - Friday 8:00 a.m. - 4:00 p.m. (ET)

Email us: academic@sunlife.com

Sun Life Case Management Team

- Complex claims support
- Hospital admissions
- Leave of absence
- Repatriation/Funerals/Death
- Preferred provider network
- Exemptions

Call us: Toll-free **1-877-250-8447**
Monday - Friday 8:00 a.m. - 4:00 p.m. (ET)

Email us: case.mgmt@sunlife.com

Need Other Information?

Patricia Pucci, Client Relationship Manager
Phone: **(416) 408-8838** Email: patricia.pucci@sunlife.com



Contact Lists

UHIP Member Contact List

When to contact your University UHIP Plan Administrator

- Eligibility questions
- Enrolling your dependents
- Changing your coverage
- UHIP premium questions
- Applying for a refund of premiums
- To update your name, date of birth, email or address
- Confirmation of UHIP coverage letter

Questions?

To find contact information for your University click on the link below for more details:

uhip.ca/contact-us.aspx

When to contact Sun Life

- Information about what is covered under UHIP
- How to submit a claim
- Information about your UHIP claim
- If you need help with registering for **mysunlife.ca**
- If you are having trouble accessing **mysunlife.ca**
- How to print your coverage card on **mysunlife.ca**

Questions?

When contacting Sun Life, you will be asked to confirm your UHIP member ID.

Call us: Toll-Free **1-866-500-8447**

Monday - Friday 8:00am - 8:00pm (ET)

Visit: **mysunlife.ca**

Have you been admitted to a hospital?

You are required to contact Sun Life within 48 hours by email at **case.mgmt@sunlife.com**.

Require a pre-determination of medical services?

Please email Sun Life at **case.mgmt@sunlife.com**.

Looking for a clinic, doctor or hospital that accepts UHIP?

Find a **preferred provider network** (sunlife.ca/studenthealth/uhip). You need to show your UHIP coverage card & bring a **UHIP claim form** at each visit. In case of emergency, please call 911 and/or go to the nearest hospital.

Do you have an alternate insurance plan and would like to apply for an exemption from UHIP?

To learn if you are eligible to apply for an exemption from UHIP, visit uhip.ca/Enrollment/Index