UHIP Application – Pre-Approved Health Care Plans (2021-2022)

This form is for use by international students who have coverage under a UHIP Pre- Approved Health Care Plan.

Student Number: _____

Family Name: _____ Given Name: _____

U of T Email: _____

Please indicate your Pre-Approved Health Care Plan (select one):

- ☐ Ciência sem Fronteiras (Csf)
- ☐ Embassy of Botswana - Student Program (Cowan #G0020376)
- ☐ Embassy of the State of Kuwait GHIP Replacement
- ☐ Global Affairs Canada - Policy #169623
- ☐ Interim Federal Health Care Plan
- ☐ Libyan Embassy and Scholarship Program – Canada Policy #G0068002
- ☐ Saudi Arabian Cultural Bureau (SACB-HDP) Policy #06614A

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.

UHIP OFFICE ONLY

Received by: _____

UHIP FEE Amount to be adjusted: $_____

Fees Adjusted by:

_____

_____

UHIP Office Stamp

Student Signature: _____

Date Signed: _____

Please attach photocopies of the following:

- your TCard
- proof of your pre-approved health care coverage

This form must be submitted to the UHIP office by the October 15th for September start and February 15th for January start.

UHIP Office, Centre for International Experience
Cumberland House
33 St.George St. Toronto, Ontario M5S 2E3 Canada
Tel: (416) 978-0290 uhip.information@utoronto.ca