

HOW TO SUBMIT PROOF OF COVERAGE

INFORMATION REQUIRED

Your document must clearly indicate **your coverage** for extended health and/or dental care, the **insurance company name**, and the **policy number**. Your proof of coverage should relate to the portion of the plan that you want to opt out of.

ACCEPTABLE DOCUMENTS

A screenshot of a summary of benefits from an insurance company's website
OR
A copy of a **certificate or card**
OR
A letter from the plan sponsor (usually the employer) or the insurance company

Aboriginal students who receive benefits from Health Canada may provide a copy of their status card.

SUBMIT YOUR DOCUMENTS

ELECTRONIC DOCUMENTS

(from an insurance company's website)

PC Instructions

- 1 Close all other windows. You can use the **Print Screen** key to **capture a screenshot** of your summary of benefits.
- 2 **Paste** and save it in a **Word** document, as a **PDF**, or an **image file**, such as a tiff, gif, jpeg, or png.

OR

Macintosh Instructions

- 1 Close all other windows. Press the **Command, Shift, and number 3 key** at once to capture a **screenshot** of your summary of benefits.
- 2 Find your screenshot on your **desktop**. It will be saved as an **image file**, titled "screenshot" with the date and time.

PRINTED DOCUMENTS

- 1 **Scan** your letter/card OR **take a picture** with a digital camera or Smartphone.
- 2 Save it in **PDF** format, **Word**, or as an **image file**.

PROOF OF COVERAGE EXAMPLES

SCREENSHOT EXAMPLE

BENEFITS SUMMARY FROM A COMPANY'S WEBSITE

The screenshot shows a browser window with the URL <http://www.YourInsuranceCompanyWebsiteAddress.com>. The page content includes:
Date: 00/00/0000
Participant: Your Full Name
Policy Number: 00000000
Coverage Summary: Health and/or Dental Coverage
Callouts point to: YOUR INSURANCE COMPANY, YOUR COMPANY, YOUR NAME, YOUR POLICY NUMBER, NAME OF INSURANCE COMPANY/ LOGO, NAME OF EMPLOYER/ LOGO, and HEALTH AND/OR DENTAL COVERAGE.

OR

CARD EXAMPLE

The card displays:
YOUR INSURANCE COMPANY
Health and/or Dental Plan
Policy 00000000
Your Full Name
Date of Birth
Callouts point to: NAME OF INSURANCE COMPANY, YOUR POLICY NUMBER, YOUR NAME, and HEALTH AND/OR DENTAL COVERAGE.

OR

LETTER EXAMPLE

The letter is on **YOUR COMPANY LETTERHEAD** and includes:
The Date
Re: Your Full Name
To Whom it May Concern:
This letter serves as confirmation that **your name** has extended **health and/or dental coverage** as an employee of **the place where you work**. Our benefits provider is the **name of your insurance company** and our policy number is **your insurance policy number**.
Yours truly,
Signature of Benefits Administrator
Your Benefits Administrator
Their Department
(Phone Number + Extension)
Callouts point to: YOUR NAME, NAME OF EMPLOYER, YOUR POLICY NUMBER, CONTACT INFORMATION, and HEALTH AND/OR DENTAL COVERAGE.