

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

Indigenous 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

A screenshot of a web browser showing a benefits summary page. The page contains the following information: Date: 00/00/0000, Participant: Your Full Name, Policy Number: 00000000, and Coverage Summary: Health and/or Dental Coverage. Callouts point to various elements: 'YOUR NAME' points to the participant name; 'YOUR POLICY NUMBER' points to the policy number; 'NAME OF INSURANCE COMPANY/ LOGO' points to the insurance company name; 'NAME OF EMPLOYER/ LOGO' points to the company name; and 'HEALTH AND/OR DENTAL COVERAGE' points to the coverage summary. A central 'OR' circle is positioned below the screenshot.

CARD EXAMPLE

An example of a benefits card. The card displays: YOUR INSURANCE COMPANY, Health and/or Dental Plan, Policy 0000000, Your Full Name, and Date of Birth. Callouts point to: 'NAME OF INSURANCE COMPANY' (YOUR INSURANCE COMPANY), 'YOUR POLICY NUMBER' (Policy 0000000), 'YOUR NAME' (Your Full Name), and 'HEALTH AND/OR DENTAL COVERAGE' (Health and/or Dental Plan). A central 'OR' circle is positioned below the card.

LETTER EXAMPLE

An example of a letter from a benefits administrator. The letterhead is 'YOUR COMPANY LETTERHEAD'. The content 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', and 'Your Benefits Administrator Their Department (Phone Number + Extension)'. Callouts point to: 'YOUR NAME' (Re: Your Full Name), 'NAME OF EMPLOYER' (the place where you work), 'YOUR POLICY NUMBER' (your insurance policy number), 'CONTACT INFORMATION' (Your Benefits Administrator Their Department (Phone Number + Extension)), and 'HEALTH AND/OR DENTAL COVERAGE' (health and/or dental coverage). A central 'OR' circle is positioned above the letter.