



**STUDENTCARE**

**Pay-Direct  
Card**

**Information for the  
pharmacist**

Please access the

**assure**

system and enter the  
information on this card.

**Sun Life**

**McMaster University  
GSA Health & Dental Plan**

Carrier

**16**

Group Number

**020639**

**0**

--	--	--	--	--	--	--	--	--	--

**0**

**1**

9-Digit Student ID Number

.....  
Student's Name (Please PRINT)



## **STUDENTCARE**

### **Care Centre**

1200 McGill College Avenue, Suite 2200  
Montreal, QC H3B 4G7

**[www.studentcare.ca](http://www.studentcare.ca)**

If you're covered, use  
this card in conjunction  
with your student ID card.

---

**Sun Life Assurance  
Company of Canada is  
the insurer of this product,  
and is a member of the  
Sun Life group of companies**



## **Sun Life**

---

Student's Signature