

HOW TO SUBMIT PROOF OF COVERAGE

INFORMATION REQUIRED

Your document must clearly indicate **your coverage** for extended health care, the **insurance company name**, and the **policy number**.

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 browser address bar displays 'http://www.YourInsuranceCompanyWebsiteAddress.com'. The page content includes: 'Date: 00/00/0000', 'Participant: Your Full Name', 'Policy Number: 00000000', and 'Coverage Summary: Health Coverage'. Callout boxes point to specific 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 COVERAGE' points to the coverage type.

OR

CARD EXAMPLE

A sample benefits card with the following text: 'YOUR INSURANCE COMPANY Health Plan', 'Policy 0000000', 'Your Full Name Date of Birth'. Callout boxes point to: 'NAME OF INSURANCE COMPANY' (YOUR INSURANCE COMPANY), 'YOUR POLICY NUMBER' (Policy 0000000), 'YOUR NAME' (Your Full Name), and 'HEALTH COVERAGE' (Health Plan).

OR

LETTER EXAMPLE

A sample letter with the following text: 'YOUR COMPANY LETTERHEAD', 'The Date', 'Re: Your Full Name', 'To Whom it May Concern:', 'This letter serves as confirmation that your name has extended health 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)'. Callout boxes point to: 'YOUR NAME' (Re: Your Full Name), 'NAME OF EMPLOYER' (the place where you work), 'YOUR POLICY NUMBER' (your insurance policy number), 'HEALTH COVERAGE' (health coverage), and 'CONTACT INFORMATION' (Your Benefits Administrator Their Department (Phone Number + Extension)).