

HOW TO SUBMIT PROOF OF COVERAGE

INFORMATION REQUIRED

Your document must clearly indicate **your coverage** for extended health and dental 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

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

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 and Dental Coverage'. Callout boxes point to these fields: '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 DENTAL COVERAGE' points to the coverage summary. A central 'OR' circle is positioned below the screenshot.

CARD EXAMPLE

A sample benefits card with the following text: 'YOUR INSURANCE COMPANY' (with callout 'NAME OF INSURANCE COMPANY'), 'Health and Dental Plan' (with callout 'HEALTH AND DENTAL COVERAGE'), 'Policy 0000000' (with callout 'YOUR POLICY NUMBER'), 'Your Full Name' (with callout 'YOUR NAME'), and 'Date of Birth'. A central 'OR' circle is positioned below the card.

LETTER EXAMPLE

A sample letter with the following text: 'YOUR COMPANY LETTERHEAD', 'The Date', 'Re: Your Full Name' (with callout 'YOUR NAME'), 'To Whom it May Concern:', 'This letter serves as confirmation that your name has extended health and 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.' (with callouts 'NAME OF EMPLOYER', 'YOUR POLICY NUMBER', and 'HEALTH AND DENTAL COVERAGE'), 'Yours truly,', 'Signature of Benefits Administrator' (with callout 'NAME OF INSURANCE COMPANY'), and 'Your Benefits Administrator Their Department (Phone Number + Extension)' (with callout 'CONTACT INFORMATION').