

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

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 displaying a benefits summary page. The browser address bar shows '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 on the right side of the screenshot identify: 'YOUR NAME' (pointing to the participant name), 'YOUR POLICY NUMBER' (pointing to the policy number), 'YOUR INSURANCE COMPANY' (pointing to the company name in the header), 'YOUR COMPANY' (pointing to the company name in the header), 'NAME OF INSURANCE COMPANY/ LOGO' (pointing to the insurance company name), 'NAME OF EMPLOYER/ LOGO' (pointing to the employer name), and 'HEALTH AND DENTAL COVERAGE' (pointing to the coverage summary).

OR

CARD EXAMPLE

An example of a printed insurance card. The card displays: 'YOUR INSURANCE COMPANY' (twice), 'Health and Dental Plan', 'Policy 0000000', 'Your Full Name', and 'Date of Birth'. Callout boxes on the left side identify: 'NAME OF INSURANCE COMPANY' (pointing to the top company name), 'YOUR POLICY NUMBER' (pointing to the policy number), and 'YOUR NAME' (pointing to the participant name). A callout box on the right side identifies: 'HEALTH AND DENTAL COVERAGE' (pointing to the plan name).

OR

LETTER EXAMPLE

An example of a printed letter from an insurance company. The letterhead reads 'YOUR COMPANY LETTERHEAD'. The letter 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 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)'. Callout boxes on the left side identify: 'YOUR NAME' (pointing to the recipient name), 'NAME OF EMPLOYER' (pointing to the employer name), 'YOUR POLICY NUMBER' (pointing to the policy number), and 'CONTACT INFORMATION' (pointing to the administrator's contact info). Callout boxes on the right side identify: 'HEALTH AND DENTAL COVERAGE' (pointing to the coverage description) and 'NAME OF INSURANCE COMPANY' (pointing to the company name).