

OHIP/UHIP DECLARATION

Employee name: _____ ID#: _____

OHIP is a provincial health insurance program which provides all eligible residents with health coverage commencing three months after they enter Ontario and make the appropriate application.

If you or your dependents do not have OHIP in force at your date of employment, you are required to participate in the UHIP plan, an alternative program which provides basic health care insurance similar to OHIP.

If you left the province and had not applied for, and been approved for, continuous coverage under OHIP, you must also buy UHIP for the three month OHIP waiting period.

You must enroll your dependents within thirty days of their arrival, or they will not be accepted for immediate coverage under UHIP, and must then undergo a one year waiting period.

If you are arriving from another province, your prior province will continue your coverage for three months.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have OHIP coverage? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your dependents traveling/moving with you? |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, do they have OHIP coverage? |
| | | What is the effective date of OHIP coverage? |
| | | • For yourself _____ |
| | | • For your dependents _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | If you do not have OHIP coverage, have you or your dependents applied for UHIP yet? |
- Please note that UHIP is mandatory if you do not have OHIP coverage.

I have read the above, had an opportunity to ask questions regarding OHIP and UHIP, and confirm that the above answers provided by me are correct. I understand that if I do not have coverage then I will be responsible for all costs incurred by me and my dependents. I also understand that it is compulsory and my responsibility to renew UHIP enrolment for my dependents and, if applicable, for myself. It is my responsibility to notify Human Resources, Faculty of Health Sciences, McMaster University.

By signing below, I release the University from any responsibility for any undeclared dependents and health care costs incurred by me or any of my dependents should the coverage lapse due to my failure to renew the UHIP coverage. I understand that the University will accept no financial liability for any such costs.

Signature of Employee

Date