

# Personal Health Insurance (Quebec residents) – Confirmation of coverage through a group benefits plan or through Régie de l'assurance maladie du Québec (RAMQ).

HO USE Policy 037000 ID number

Please complete this form if you submitted a Personal Health Insurance (PHI) or Health Coverage Choice (HCC) application and are a resident of Quebec. This form confirms you understand and meet the eligibility requirements specific to Quebec.

## 1 Applicant information

First name of applicant		Last name of applicant		
Address (street number and name)				Apartment or suite
City	Province QC	Postal code	Phone number	
Web reference number (the seven digit number you received when you submitted your application)			Date application was submitted	

## 2 Acknowledgement and agreement for Personal Health Insurance

Quebec residents must have health coverage through the Régie de l'assurance maladie du Québec (RAMQ) to be eligible for a PHI (Personal Health Insurance) or HCC (Health Coverage Choice) policy. Quebec residents must also have and continue to have group drug coverage provided by an employer or through membership in an order or association or, if not, through RAMQ to be eligible for a PHI or HCC policy. A person not covered under a group benefits plan or through RAMQ is not eligible for coverage under this policy. All prescription drug claims must first be submitted to your group benefits provider or RAMQ; any remaining unpaid portion that is eligible under this policy can then be submitted to Sun Life Financial for reimbursement.

Please select the appropriate response:

- I am confirming that I (and spouse/dependants if applicable) have and will continue to have the RAMQ prescription drug insurance and the RAMQ medi-care insurance.
- I am confirming that I (and spouse/dependants if applicable) have and will continue to have the prescription drug insurance through a group benefits plan and to have the RAMQ medi-care insurance:

Name of group insurance carrier	Group policy number	Group certificate
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### Benefits insured under this plan:

Prescription Drug  Yes  No      Supplementary health  Yes  No      Dental  Yes  No

First name of family member insured under this group plan	Last name
First name of family member insured under this group plan	Last name
First name of family member insured under this group plan	Last name

I understand I/we need to submit claims to the group plan first. Any remaining claims should be submitted to Sun Life Financial to be coordinated.

PHIRAMQE



## 2 Acknowledgement and agreement for Personal Health Insurance (continued)

I do not have RAMQ medi-care and RAMQ prescription drug insurance or group prescription drug insurance. I do not wish to proceed with my application.

*Personal Health Insurance/Health Coverage Choice is not a substitute for RAMQ; therefore you cannot opt out of RAMQ because you have a PHI or HCC policy. You must obtain RAMQ prescription drug insurance if your group drug coverage ends and you do not have access to another group drug coverage.*

Date (dd-mm-yyyy)	Signature of applicant X
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## 3 Mailing instructions

Please mail or fax completed form to the address below.

You may contact us at:

**Sun Life Assurance Company of Canada**

Personal Health Insurance

227 King Street South

P.O. Box 1601 Stn Waterloo

Waterloo, ON N2J 4C5

Phone: 1-877-SUN-LIFE (1-877-786-5433)

Fax: 1-866-487-4745

[www.sunlife.ca](http://www.sunlife.ca)