1. Go to www.mysunlife.ca.





2. Enter your access ID and password and click the sign in button.



For step-by-step instructions explaining how to register at mysunlife.ca watch the webinar available at www.c-hip.ca.





3. Select my coverage.

		Help Contact us Secure messages Profile S	ign out					
Home	Resource Centre		Français					
RAND	RANDY DOE : Last visit was on June 15, 2012							
-	July 19, 2012 PLEASE READ	my health and well-being						
9		Medical/Dental » 025104 Wellness centre						
Enhan Home	cements to the page	my coverage Next dental checkup my claims Leaving the plan						
Short	term trading policy	Health Spending Account						
	and a	Take me to						
Fr	esh start?							
	Fresh ideas!							
	>	> ·						







4. In the resource tab, click print my coverage card.

				Help	Contact us	Secure n	messages Profile Sign ou	Jt
Home	Coverage	Claims	Wellness centre	Leaving the plan	FAQs		Pri	nt
my co	verage							
Medi	ical						Take me to	
Ð	Medical cove	rage						_
Ð	Drug coverag		Quick view »					
Ð	Need glasses	/lenses?					Submit a claim »	
							Print drug card »	
Dent	tal							
Ð	Dental covera	age					Print travel card »	
Ð	Next dental c	heckup					Direct deposit »	
Ð	Dental estima	ates					Coordination of benefits -	
Sper	iding Accoun	t					Provincial health plans »	
Ð	Health Spend	ing Accoun	t balance					
Ø	Health Spend	ing Accoun	t coverage				The Allenson and a second	-
Reso	urces							
Ð	Print my <u>cove</u>	<u>erage card</u> .						
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5. Your coverage card will be displayed. Print and fold the card according to the instructions and carry the card with you.

COL To validate the eligit www.sunlife.ca/Inpat	LEGE HEALTI PLA bility of this men Eligibility.	H INSURANCE N nber, please visit	C-HIP	COVERAGE C-HIP provides basic hospital, medical and supplementary insurance comparable to coverage provided through the Ontario Health Insurance Plan (OHIP) for Ontario residents. Services inside and outside Canada are covered to the same limits and conditions as OHIP. For further information about C-HIP coverage go to www.c-		
Institution LOCATION 001				hip.ca or contact 1-888-206-9004. This card is not transferable.		
Member ID	YH65001	Policy number	017857	Lost of stolen cards should be reported inifiedrately.		
Name of insured(s) (last name, first nam SHTEST, RVTEST Shtest, KRTESTK Shtest, NFTEST	e) RV T R	Key: M-Member, S-Spouse, C-Chi M S C	ild	This proof-of-coverage card identifies the insured member, and dependents where applicable, provided premiums have been paid and the agreement is in-force. Notice to hospitals: please contact the company, at the address and telephone number below, within 48 hours of the insured's admission to hospital.		
Shtest , NNTES		č		Claims Department PO Box 2015 Stn Waterloo Waterloo ON N2J 0B1 Life Financial		
Effective date (d/m/y) 01/11/2006 NON TRA		ermination date (d/ 1/01/2026 FERABLE	/m/y)	Fraudulent use of this card will result in loss of coverage and possible prosecution.		





