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UHIP Rebate Fund Application Claim Form

Original supporting receipts must accompany this application

DEADLINE TO APPLY – FRIDAY MAY 25, 2018 at midnight

THE FOLLOWING SUPPORTING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

- A copy of your ACORN Status
- A copy of your UHIP Card for the 2017/2018 Academic Year (Single and/or Dependent Coverage)
- Proof of payment for Single and/or Dependent Coverage

Last Name: _____

Given names: _____

Student/Employee Number: _____

Department currently/most recently employed by: _____

Term(s) employed this academic year (circle all that apply): **Fall 2017** **Winter 2018**

Reason for claim: (complete attached budget with receipts, including HOUSEHOLD INCOME & EXPENSES). If you had extraordinary expenses, please indicate and provide supporting documentation.

June/July 2018 Mailing Address: _____

Email address: _____

Personal phone number: _____

Claimant Authorization

I submit this claim with the knowledge that any false information given will result in my immediate disqualification in this benefit plan and may result in further action.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

CUPE Local 3907 Authorization

We certify that to the best of our knowledge the above claimant is a member in good standing and is entitled to this claim under the rules of the plan.

Signature: _____ Date: _____