



UNIT 1

UHIP Rebate Claim Form

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CLAIMANT INFORMATION

Family Name:

Given Names:

Student / Employee Number: Phone / Cell number

Email Address:

Mailing Address:

Amount of Current Claim **(Maximum \$150 per academic year)**:

Reason for Claim:

EMPLOYMENT INFORMATION

Department currently or most recently employed by:

Position currently or most recently held: **TA** **RA in lieu**

Term(s) employed this calendar year: **FALL** **Winter**

Spring / **N/A**
 Summer

If you checked N/A, when were you last employed as a TA or RA?

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 legal proceedings.

Signature: Date:

PLEASE ATTACH ORIGINAL RECEIPTS TO THIS FORM (NO COPIES).

FOR OFFICE USE ONLY

CUPE 3906 Authorization: We hereby 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:

Position